

Instructions: Return completed form to University Personnel 0046 or Email fee-waiver@sjsu.edu.

EMPLOYEE INFORMATION	
Name:	Employee ID Number
Department/College & Zip:	Phone:
Semester:	Bargaining Unit:
<p>I would like to change my original Fee Waiver Application as indicated below:</p> <p><input type="checkbox"/> I withdrew from all courses.</p> <p><input type="checkbox"/> I withdrew from the course(s) indicated below.</p> <p><input type="checkbox"/> I did not get the course(s) requested through registration.</p> <p><input type="checkbox"/> Other, please explain: _____</p>	

COURSE INFORMATION							
	Course #	Title	Section	Units	Days	Class Hours	#/Hours Work Hours
<input type="checkbox"/> Add							
<input type="checkbox"/> Delete							
<input type="checkbox"/> Add							
<input type="checkbox"/> Delete							
Briefly describe how the above course(s) is/are job related or part of your Career Development Plan:							

Approval by the appropriate administrator to attend class during working hours is subject to requirements of departmental workload and operations. One course only may be attended during working hours (EXCEPT UNIT 8). Any changes in classes previously approved for attendance during working hours must be approved by the appropriate administrator.

I understand that it is my responsibility to notify University Personnel if I withdraw from or enroll in courses other than as listed above. Further, I understand that the satisfactory completion of the above course(s) does not guarantee that there will be promotion or reassignment to another position.

SIGNATURES	
_____ Employee Signature:	_____ Date:
_____ Appropriate Administrator Signature:	_____ Date:
_____ University Personnel Signature:	_____ Date: