CHANGE IN FEE WAIVER COURSE(S)

California State University, Bakersfield

Quarter______, 20_____

INSTRUCTIONS: When ADDING, DROPPING, or CHANGING approved Fee Waiver classes, all Fee Waiver participants must submit this form in the following manner:

DURING THE THREE WEEK CHANGE PERIOD:

- DO NOT go to the Records Office to make any changes until you turn in this form. No changes may be made until this form is completed and approved by the appropriate administrator and the Office of Human Resources.
- Bring this form to the Office of Human Resources for re-approval and processing.
- If the number of units or courses is increasing beyond those allowed for fee waiver, employee must pay the difference between full and part-time University fees.

		ndard Add/Drop proced	•				
NOTE: N	O FEE WAI	VER CHANGES WILL B	E HANDLED AT TH	IE RECOR	PDS OFFICE		
Name:			CS	CSUB ID:			
I request a below:	approval to (c	circle one) CHANGE/AI	OD/DROP the previo	ously appro	oved fee waiver cour	se(s) as listed	
FROM	UNITS	TS COURSE TITLE COURSE NO.		SECTION	ON DAYS	TIME	
ТО	UNITS	COURSE TITLE	COURSE NO.	SECTIO	ON DAYS	TIME	
Is release	time from wo	ork requested?	Yes	_No)		
For which	o course?						
Employee Signature					Date		
Appropria	nte Administra	ator:					
I certify that the above added, dropped, or changed listed course(s) is/are either:					Release Time: (if applicable)		
☐ Job Related ☐ Career Development ☐ Neither (Approval Denied) Signature Required:					☐ Request to take class under the Fee Waiver program during scheduled work hours: (check one)		
Appropriate Administrator's Signature and Title				Date	approveddenied		
Human R	esources Offic	ee:					
The above	added, droppe	ed, or changed course(s) is/	are approved				
Human Resources Authorization					Date		
Original_HR)	Convestudent Financial Serv	ices Cony A	dmissions	Conv. E.	mployee	

Original-HR Copy-Student Financial Services Copy-Admissions Copy-Employee

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