

# REDUCED FEE ENROLLMENT APPLICATION

Please complete the information requested below, obtain department approval and mail to:

Edna Arellano  
Human Resources  
Mail Code: 3160

**PLEASE NOTE: A separate application must be completed for each quarter. This application must be received in Human Resources no later than 15 calendar days after instruction begins for the quarter.**

DATE: \_\_\_\_\_

QUARTER:     Fall             Winter             Spring    YEAR: \_\_\_\_\_

NAME: \_\_\_\_\_ PAYROLL TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ CAMPUS PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PERM #: \_\_\_\_\_

I request to enroll in the courses listed below:

Course Title & Number	Days & Hours	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of courses: \_\_\_\_\_ Total units: \_\_\_\_\_

I UNDERSTAND THAT MY ELIGIBILITY FOR REDUCED FEE ENROLLMENT IS BASED ON THE FOLLOWING:

- I am a Career Staff employee and have completed my probationary period as of the quarter's Instruction Begin date.
- I have been admitted as a regular session student to the University of California.
- I am enrolling in regular session courses totaling no more than nine (9) units or three (3) courses, whichever provides the greater benefit, and I understand that if my total enrollment for this term exceeds the above limits, a BARC charge for the *full* fee amount for this quarter will be issued against my account.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**DEPARTMENT APPROVAL:**

\_\_\_\_\_  
Department Approval Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Title

**HR OFFICE USE ONLY:**

Authorized by: \_\_\_\_\_

Date: \_\_\_\_\_