



SECTION 1 - EMPLOYEE INFORMATION REQUIRED\*

Form with fields: Last Name, First Name, SF State Email Address, SF State ID, Semester, Year, Classification, Bargaining Unit, College or Department, Dept #, Campus Phone Number, Degree Earned, Institution, Date, Do you have an approved Individual Career Development Plan on file?, CSU Campus to Attend, Yes/No, If yes please indicate major:

SECTION 2 - LIST COURSES FOR WHICH YOU ARE ENROLLING REQUIRED\*

Table with columns: Department, Course ID, Schedule No., Course Title, Units, Days, Time, Check One Work Career

SECTION 3 - JUSTIFICATION FOR COURSES REQUIRED\*

WORK-RELATED - courses which have a direct link to employees job; taken to enhance skills required to perform current job duties.
CAREER DEVELOPMENT - Matriculating student of a CSU Campus pursuing a degree/credential program. (ICDP HR Form #510-B)
Briefly describe how this course work is work-related or part of your Individual Career Development Plan (ICDP)

Empty box for justification text

SECTION 4 - EMPLOYEE AUTHORIZATION AND SIGNATURE REQUIRED\*

To the best of my knowledge, the information above is correct. Further, I agree to provide information concerning my studies, activities and grades by authorizing Enrollment Services to release my transcripts to Human Resources, Safety & Risk Management. I am taking this course(s) under the CSU Fee Waiver Program on a voluntary basis and my participation is not mandated by my employer. I certify that I have read the Fee Waiver Information Sheet for the current semester and am aware that should I become ineligible to participate in the Fee Waiver program, I will be billed accordingly. Registration fees and tuition are subject to change without advanced notice & are non-refundable. Course work taken under the Fee Waiver Program may not be audited.

Signature of Applicant Date

SECTION 5 - APPROVAL OF SUPERVISOR: REQUIRED\*

Release Time Adjusted Work Schedules (attached HR Form 101)

Print Name of Supervisor Signature of Supervisor Date

SECTION 6 - APPROVAL OF DEPARTMENT ADMINISTRATOR (MPP Level Required): REQUIRED\*

Print Name & Title of Department Administrator/Dean Signature of Administrator/Dean Date

SECTION 7 - HUMAN RESOURCES APPROVAL

DM Registration Date and Time: Total Cost
DN SL: SS: No. of Units Eligible for: FLSA Status: Exempt Non-Exempt
Status: Regular Probationary Temporary (Exp.) Time Base: Full Time Part Time Reviewed By: Date:

Comments:

Approved by President's Designee Date

\*IF FILING DEAD LINE IS NOT MET OR FORM HAS INCOMPLETE INFORMATION APPLICATION WILL BE DENIED.