

**Instructions:** Scan and email completed form to [Staff-feewaiver@sjsu.edu](mailto:Staff-feewaiver@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>I withdrew from all courses. <input type="checkbox"/></p> <p>I withdrew from the course(s) indicated below. <input type="checkbox"/></p> <p>I did not get the course(s) requested through registration. <input type="checkbox"/></p> <p>Other, please explain: _____</p>	

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

**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 Human Resources 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: _____
Human Resources Signature: _____	Date: _____