



**SECTION IV – EMPLOYEE VERIFICATION AND SIGNATURE**

My signature below is to certify that the information relevant to this request for Employee Fee Waiver is accurate and I acknowledge that I must submit a new form if I wish to request a change (e.g., a different class, adjusted work schedule, etc.). Further, I understand that CSU in no way guarantees that completion of this coursework will result in promotion or other advancements.

I have enrolled in courses for this semester and attached is a copy of my class schedule confirming my enrollment and the number of units per course. Applications will be considered incomplete and will be returned if this information is not attached.

Students participating in this program must be in good academic standing. My academic standing will be reviewed each semester to determine my eligibility to participate in the subsequent semester. 'Good Academic Standing' does not include Probation, Disqualification, Contract status or Administrative Approved Academic Probation.

For information on Academic Probation: <http://fresnostate.edu/studentaffairs/advising/students/probation-disqualification/>

I understand I am able to view my student account at my.csufresno.edu and am responsible for making the required payment by the deadline stated on my account to avoid being dropped from courses.

All fees should be paid directly to the cashier in the Joyal Administration Building. If there are any questions regarding E-pay or other payment options, please contact Students Accounts at (559)278-2876.

I may contact the [Admissions office](#) at (559)278-2261 (*Undergrad Admission*) or (559)278-4072 (*Grad Admission*) to request a one time reimbursement of the CSU Application Fee (\$55).

**I UNDERSTAND THAT I MAY ALSO BE CHARGED FULL OR PRORATED REGISTRATION FEES IF I DROP CLASSES FOR WHICH I HAVE BEEN GRANTED A FEE WAIVER. THE WAIVER WILL BE REMOVED AND FEES WILL BE CHARGED UP TO THE FULL AMOUNT AS OF THE DATE OF THE CLASS WITHDRAWAL.** See [Accounting Services](#) web page for more information.

As an employee, I have read and understand the conditions of the Fee Waiver Program which can be found on [Technical Letter HR Benefits 2011-14](#) and my [Collective Bargaining Agreement](#).

\_\_\_\_\_  
Employee - Print Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

As the Human Resources Representative, I have verified that the employee listed above is eligible to participate in the fee waiver program. Fee Waiver Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted to Accounting on: \_\_\_\_\_