

EMPLOYEE REDUCED FEE ENROLLMENT APPLICATION (rev.09/2016)

Please complete the information requested below, obtain department signature and send to appropriate HR Reps below.

- SMH and UCLA Medical Center, Faculty Practice Group - Email scanned applications to hshreps@mednet.ucla.edu
Contact number (310)-267-0983.
NPI/NPH- Semel/Resnick Box 951759, BC-370 Semel, Los Angeles, 90095 or fax to 310-206-5394
David Geffen School of Medicine (DGSOM)- Attn: Adam Alperin; Box 957329,10920 Wilshire Blvd. #400 or fax to (310) 794-8168. Contact number (310)-794-3339

The reduction will be applied in Student Information System (SIS) within three to five business days of receipt.

NOTE: Qualifying Career employees receive two-thirds (66%) reduction in the Student Services fee (formerly University Registration fee) and Tuition fee (formerly Educational fee) for courses taken at any UC campus. Applicants must be accepted to the University prior to acceptance of this application. Self-Funded Programs are exempt from fee reductions. Please confirm with your program director prior to submitting application to verify your program is eligible for the reduction. UCLA Extension Courses/Programs follow different guidelines. Here is the link to confirm discounts www.uclaextension.edu

STUDENT STATUS: Graduate (G) Undergraduate (UG)

ID#: TERM: (F) Fall (W) Winter (S) Spring Year

Summer Session students please contact the administrative office at (310) 825-4101.

NAME: CAMPUS PHONE:

DEPARTMENT: HIRE DATE:

PAYROLL TITLE: PROBATIONARY PERIOD END DATE:

I request to enroll in the courses listed below. They have been designated as:

- Position-Related Career-Related Educational Enrichment

Table with 3 columns: Course Name, Number, Units. Rows 1, 2, 3.

Time in Attendance is: Approved as Time Worked (must be position or career related courses) Not Approved as Time Worked

If time in attendance is not approved as time worked and attendance is during scheduled working hours, designate below what special arrangements have been made.

- Time off to be made up by adjusted work schedule Time off to be charged to accrued vacation Without salary Other

EMPLOYEE CERTIFICATION

I UNDERSTAND THAT MY ENROLLMENT UNDER THE REDUCED FEE ENROLLMENT IS SUBJECT TO THE FOLLOWING:

- I have been admitted as a regular session student to the University of California.
I am a career employee and have completed my probationary period.
IMPORTANT: I am enrolling in regular session course(s) totaling no more than nine (9) units or three (3) courses, whichever is greater, and I understand that if my total enrollment for this term exceeds the above, I will not be eligible for a reduction of any of the educational or student services fees for this term*.
I am not eligible for the services of the Student Health Center, Gymnasium, and Counseling Center.
I will be billed for the total fees waived under this program if my use exceeds enrollment provisions 1 through 4.
I have confirmed that this program is not a self-funded or offered through UCLA Extension.

*Pursuant to a delegation of authority from the Office of the President, selected nursing employees may be allowed up to twelve (12) units or four (4) courses.

Employee Signature Date

DEPARTMENT APPROVALS:

Department Head or Designee Date Extension

STUD SVC FEE SUB-CODE: 57402 HEALTH SYSTEM HUMAN RESOURCES USE ONLY TUITION FEE SUB CODE: 57390

Reviewed and authorized by: Date processed in SIS: