

Fill out completely each semester.

STATE FEE WAIVER APPLICATION
 Humboldt State University
 Enrollment for Eligible Faculty and Staff

Faculty Staff

Name:

Department Name Ext.

Previous Names Used at HSU:

Home Address: Street

City Zip Home Phone

Classification or Faculty Rank: Bargaining Unit:

Date of Birth: Sex: M F U.S. Citizen:

Class level: Year of High School Graduation:

NON-MATRICULATION
CONTINUING MATRICULATION
NEW MATRICULATION
RENEWABLE NON-MATRICULATION

EDUCATION: I. What is the highest degree you have earned?

High School Associate's Degree Master's Degree
 Diploma
 Some college work; Bachelor's Degree Doctorate
 no degree

Semester:	Year
Employee ID #:	

Last College attended before HSU:

Institution State Year

II. If you have one, where did you earn your Bachelor's Degree:

Institution State Year

List course(s) for which you are applying under the Fee Waiver Program. Are these classes work related or Career Development?

COURSE TITLE	DEPT/COURSE NUMBER	UNITS	DAYS	HOURS

Describe briefly the content of above course(s) and 1.) How the course relates to your employment if being taken as "Job Related" or 2.) State if part of a Career Development Plan and how it relates to your degree objective.

Employee's Signature: Date: Supervisor's Signature: Date:

President's Designee: Fee Waiver Date: Dean's Signature Date:
 Coordinator: