EMPLOYEE APPLICATION FOR REDUCED TUITION AND FEES

Please select one of the following:

☐ Staff Employee
SUBMIT COMPLETED FORM TO:
Central Human Resources
Via Email (preferred): HRTraining@uci.edu
In-person or via mail:
Human Resources, Training and Development
111 Theory, Suite 200, Irvine, CA 92697-4600

☐ Academic Employee
SUBMIT COMPLETED FORM TO:
Academic Personnel
Via Email: acadpers@uci.edu
In-person:
354 Aldrich Hall, Irvine, CA 92697-1015

CENTRAL HUMAN RESOURCES/ACADEMIC PERSONNEL OFFICE ONLY:

__________________________________________________  ____________________________
Central Human Resources Date
Training and Development Representative

__________________________________________________  ____________________________
Department Chair Date

__________________________________________________
Vice Provost Date

NAME: ____________________________ STUDENT ID: ____________________________
EMPLOYEE ID: __________________ PHONE: ____________________________
WORK DEPARTMENT: __________________ EMAIL: ____________________________

TERM: □ Fall □ Winter □ Spring □ □ YEAR: ______
(One application per term. Employment verification will occur no more than 30 days prior to Fee Payment Deadline.)

PROGRAM: □ Undergraduate □ Graduate MAJOR: ____________________________

I UNDERSTAND THAT REDUCED TUITION AND FEES ARE SUBJECT TO THE FOLLOWING (per UC Policy PPSM 51):

1. I have been admitted as a regular session student.
2. I am a regular status (non-probationary) career employee.
3. I may enroll in up to nine units or three courses per regular session term*, whichever provides the greater benefit to the employee. **When both of these are exceeded, full fees will be assessed. **PPSM 51 does not apply to Summer Session courses.**
4. Payment is one-third of both the tuition and fees. (I am responsible for full payment of any professional degree supplemental tuition charges, if applicable.)
5. I am not eligible for services provided to students (e.g., Student Health Services, Anteater Recreation Center student access, etc.)
6. I may not receive additional reduction in fees under the Part Time Study program.

__________________________________________________  ____________________________
Employee Applicant Signature Date

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(Continued on reverse)
I INTEND TO ENROLL IN THE FOLLOWING COURSE(S):
(I may enroll in up to nine units or three courses per term, whichever provides the greater benefit to me.
NOTE: Students must already have been accepted to the University as a degree candidate. Students must enroll in courses via the Registrar’s Office.)

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<th>Course Name(s)</th>
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**GRADUATE LEVEL COURSES ONLY:**

The Technical and Miscellaneous Reform Act of 1988 (TAMRA): If the courses you take are subject to taxation under TAMRA, the waiver amount will be reported as income to our Payroll Department.

Please answer the following questions:

1. Are the courses required by the University, or by law or regulations, to enable you to keep your current salary or job? □ Yes □ No
2. Do the courses maintain or improve skills required in your present job? □ Yes □ No
3. Are the courses required to meet the minimum requirements of your present job? □ Yes □ No
4. Are the courses part of a program of study that will lead to qualifying you for a new trade or business? □ Yes □ No

**REGISTRAR’S OFFICE /SUMMER SESSION OFFICE ONLY:**

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<th>Registrar Representative</th>
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<th>Waiver Amount</th>
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Revised 06/30/2017