



**EMPLOYEE FEE WAIVER PROGRAM  
CHANGE OF COURSE(S)**

**Section 1: EMPLOYEE INFORMATION**

Last Name	First Name	Email Address	SF State ID	Semester	Year
Classification/ Bargaining Unit		College or Department	Dept #	Campus Phone Number	

If employee has submitted an approved Fee Waiver Application to the Human Resources (HR) office, it is the employee's responsibility to notify HR and the *immediate supervisor* if he/she subsequently **withdraws** from courses or **enrolls** in classes other than those listed on the original fee waiver application.

**Section 2: Please Indicate Semester:**

<input type="checkbox"/> Fall 20	<input type="checkbox"/> Spring 20	<input type="checkbox"/> Summer 20
<input type="checkbox"/> I am withdrawing from all courses.		

I have added the following classes:

**Section 3: Added Classes**

Department	Course ID	Schedule No.	Course Title	Units	Days	Time	Check One	
							Work	Career
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

I have dropped the following classes.

**Section 4: Dropped Classes**

Department	Course ID	Course Title	Days	Time

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisors' Signature \_\_\_\_\_ Date \_\_\_\_\_