A3. Enrollment Fee Waiver

FACULTY - CONTRACT AND ADJUNCT CLASSIFIED AND CONFIDENTIAL EMPLOYEES - Full-time and Part-time

ENROLLMENT FEE WAIVER FORM

Employee Name:				
Social Security Number				190
Location:		Laney Coll Merritt Col	-8-	District Office
Department:		•••		
Course Title	Course Number	Number of Units	Class Days	Class Times
1.		,		
		1		- 1
		2- or 2		
I certify that the employ classified or confidentia	ree is a regular control I employee, and there	act or adjunct eby qualifies	ct faculty me for the progr	mber, or ram.
*				- /
Signature (Vice Presider Division Dean or Depart	nt, Instruction or artment Manager)	Date		
Printed Name				

Upon approval of this form, complete your class registration with Admissions and Records. Then return this form to the Cashier's Office. The Cashier will waive the enrollment fee. You will be responsible for the student use fee and other fees that may be applicable.