



Complete this form, obtain the required signatures, then send to the Office of the Registrar by the fee payment deadline.

Personal Information

Name _____

Student ID Number _____ E-mail Address _____

Employee ID Number _____ Department _____

Payroll Title _____ Phone _____

Courses to be taken

Summer Session I Summer Session II Special Session

Year _____

Employee signature _____ Date _____

- Approved as time worked
- Reduced work schedule (time without pay)
- Alternate work schedule

Supervisor signature _____ Date _____

Eligibility Certification

I certify that the employee holds an appointment as a nonprobationary career employee for the quarter/semester designated above.

Signature _____ Date _____

Supervisor (campus) or Training & Development (UCDHS)

IMPORTANT: All signatures are mandatory. Each signature is certifying a different requirement.

Registrar approval _____ Date _____

Summer Sessions Employee-Student Reduced Fee Authorization