

Direct any Questions and Form Submission to Benefits at: benefits@ucmerced.edu or 209-228-2363

Student Status: Graduate (G) Undergraduate (UG)
 ID# _____ Term: Fall Spring Year: _____

Name: _____ Campus Phone: _____

Mailing Address: _____

Department: _____ Hire Date: _____

Payroll Title: _____ Probationary Period End Date: _____

I request to enroll in the courses listed below. They have been designated as:
 Position Related Career Related Education Enrichment

| Course Name | Course Number | Number of Units |
|-------------|---------------|-----------------|
| | | |
| | | |
| | | |

Time in Attendance is: Approved as Time Worked (must be position or career related course)
 Not Approved as Time Worked

If time in attendance is not approved as time worked and attendance is during scheduled working hours, designate below what special arrangements have been made.

- Time off to be made up by adjusted work schedule
- Time off to be charged to accrued vacation
- Without salary
- Other _____

EMPLOYEE CERTIFICATION

I UNDERSTAND THAT MY ENROLLMENT UNDER THE REDUCED FEE ENROLLMENT IS SUBJECT TO THE FOLLOWING:

1. I have been admitted as a regular session student to the University of California
2. I am a career employee and have completed my probationary period.
3. **IMPORTANT:** I am enrolling in a regular session course(s) totaling no more than nine (9) units or three (3) courses, whichever is greater, and I understand that if my total enrollment for this term exceeds the above, I will not be eligible for a reduction of any of the educational or registration fees for the term.
4. I may not be eligible for some services, such as those provided by the Student Health Center, Gymnasium, and Counseling Center.
5. I will be billed for the total fees waived under this program if my use exceeds enrollment provisions 1 through 4.

Employee Signature _____ Date _____ Department Head or Designee Signature _____ Date _____

| | | | |
|-----------------------|-----------------|---------------|--|
| ACT - Benefits | Approved | Denied | |
| | | | _____ <i>Administrative Coordination Team, Benefits Signature</i> |
| | | | _____ <i>Date Processed</i> |

| | | |
|--|------------------|------------------------------|
| Office of the Registrar | | |
| Processed By: _____ | | |
| <i>Office of the Registrar Processor</i> | <i>Rate Code</i> | <i>Reduce Max to 9 Units</i> |
| | | <i>Date Processed</i> |
| Copy for FA | | |

| | | |
|--|--|--|
| Student Business Services | | |
| Processed By: _____ | | |
| <i>Student Business Services Processor</i> | | |
| <i>Date Processed</i> | | |

Form Routing: Employee >> Administrative Coordination Team/Benefits >> Office of the Registrar >> Student Business Services