WHO MAY APPLY
- Current UCI and UCIMC Faculty and Staff.

HOW TO APPLY
- Complete both sides of this form
- Submit form to the UCI Division of Continuing Education (DCE) Student Services Office:
  - Email to dce-services@uci.edu (without SSN or payment information) or
  - Return by intercampus mail to: UCI DCE Student Services – Zot 5700
- After our review, you will be notified to pay via your DCE web account. If you do not have a DCE web account, please create one at https://ce.uci.edu/courses/secure/login.aspx. If you are uncertain if you have an account, search at: https://ce.uci.edu/courses/secure/lookupAccountEmailAddress.aspx. If you have additional questions, please email dce-services@uci.edu with any names or emails you may have used along with your DOB.

ENROLLMENT POLICY
Enrollments are processed, space permitting, just prior to the start date of the class; however, you may submit your form earlier for review. Full paying students always have priority in the enrollment process. The student or department may choose to pay the full fee to guarantee a space in the class, with the option of requesting a 50% refund if the class does not reach its enrollment capacity. The request for a 50% refund must be initiated by the student within one week of the start date of the class.

DROP & REFUND POLICY
Drop requests may be submitted any time before the final class meeting. Non-attendance or failure to drop a course before the last class meeting may result in a failing grade. To be eligible for a refund, your drop request must be received on or before the refund deadline for the course. Please refer to your enrollment confirmation for the course specific refund deadline. For more information on how to drop a course, please visit our web site at https://ce.uci.edu/resources/registration/drops/.

UCI Continuing Education reserves the right to exclude certain programs such as Concurrent Enrollment, Clear Induction Administrative Services Credential, Compressed Paralegal, Preliminary Administrative Services Credential, Clinical Research, CLS/MT Training Program, Montessori, Post Bacc, Technology Boot Camps, CFP Review, CPA Review, Accelerated Technology Programs, TOEFL and IELTS Test Preps. NOTE: GMAT, GRE, LSAT, ACT and SAT Test Preps are eligible for 10% discounts.

Please choose one of the following enrollment options:

☐ 1. Enroll at the full fee to secure a space in the class.
   If the class does not fill, the employee is eligible for a 50% refund of course fees. The employee must contact the Student Services Office one week after the class start date to initiate the refund process. No refunds will be processed after this time.

☐ 2. Wait until the class start date for an available opening at the 50% fee.
   Enrollment are processed, space permitting, just prior to the start date of the class. Full paying students are given priority over employees requesting a 50% fee reduction.

I have read the above policy and agree to the terms and conditions for the option which I have indicated above.

Employee Signature

For questions, call the Student Services Office at (949) 824-5414 or email us at dce-services@uci.edu
## REDUCED FEE APPLICATION – 50% Discount

**TO BE COMPLETED BY APPLICANT (please print or type)**

### INDICATE EMPLOYMENT STATUS:
- Faculty
- Staff
- Career
- Casual

- **FIRST NAME**
- **MI**
- **LAST NAME**

- **CAMPUS DEPARTMENT & LOCATION**
- **DCE Student ID#**

- **JOB TITLE**
- **UCI EMPLOYEE ID#**

- **SOCIAL SECURITY#**
- **BIRTH DATE**

- **HOME ADDRESS**
  - **CITY**
  - **STATE**
  - **ZIP CODE**

- **EMAIL**
  - If you have a DCE My Account Login should we update with this email? [ ]

- *Please select preferred means of phone contact:*
  - [ ] HOME
  - [ ] CELL
  - [ ] WORK

- **REG#**
- **DEPT/COURSE #**
- **START DATE**

- **HOW DID YOU OBTAIN COURSE INFORMATION:**
  - [ ] MAGAZINE
  - [ ] WEB
  - [ ] OTHER

### PAYMENT OPTIONS:

**FEE RECHARGED TO DEPARTMENT (needs Department Head Approval):**

AMOUNT TO BE RECHARGED
- 50% $__________ OR
- 100% $__________

I certify that the applicant named above is a UC Irvine employee.

**ACCOUNT NAME**
(Name on KFS Account#):

**CHART**
(check one):
- [ ] UCI CAMPUS
- [ ] UCI MEDICAL CENTER
- [ ] OTHER UC CAMP (type campus name)

**OBJECT:**
-KFS ACCOUNT#: Project (optional)

**DEPT HEAD NAME (PRINT):**
- **DEPT HEAD SIGNATURE**
- **DATE**

- **FEE PAID BY STUDENT:**

  AMOUNT TO BE PAID
  - [ ] 50% ________
  - [ ] 100% ________

  **PAYMENT OPTION:**
  - [ ] American Ex
  - [ ] MasterCard
  - [ ] Visa

Course fee must be paid at the time of registration. You will be contacted for payment once you have been officially registered for the course. Please provide us with the best email address to contact you if it is different than the one listed above.

**EMAIL ADDRESS**