

# UCI Division of Continuing Education

## REDUCED FEE APPLICATION

### 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:
  - Return by intercampus mail to: UCI DCE Student Services – Zot 5700
  - Fax to (949) 824-2090
  - Drop your form off in person. Our office is open Monday through Friday between 8am and 5pm. Our office is located at Continuing Education 3 (#234 on the campus map).
  - Mail in the request. Our mailing address is UCI Division of Continuing Education Student Services Office, PO Box 6050, Irvine CA 92616-6050.
- Fee must be paid at the time of registration. You will be contacted once you have been registered.

### ENROLLMENT POLICY

Enrollments are processed, **space permitting**, just prior to the start date of the class. 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 from this arrangement certain programs such as ACCESS UCI/Concurrent Enrollment, Summer Session, Clear Induction Administrative Services Credential, Law, Supply Chain, Personal Financial Planning, Oracle, and other computer lab courses.**

### 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** \_\_\_\_\_

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

**INDICATE EMPLOYMENT STATUS:**

Faculty       Staff    \_\_\_ Career      \_\_\_ Casual

OFFICE USE ONLY:

YR/QTR \_\_\_\_\_

DATE \_\_\_\_\_

PROCESSED BY \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

CAMPUS DEPARTMENT & LOCATION \_\_\_\_\_

JOB TITLE \_\_\_\_\_ UCI EMPLOYEE ID# \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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 SECTION:

**FEE RECHARGED TO DEPARTMENT:**

AMOUNT TO BE RECHARGED  50%      \$ \_\_\_\_\_ OR  100%    \$ \_\_\_\_\_

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

ACCOUNT NAME: \_\_\_\_\_

CHART                       UCI CAMPUS     UCI MEDICAL CENTER

(check one):               OTHER UC CAMPUS (write in campus name) \_\_\_\_\_

OBJECT: \_\_\_\_\_ KFS ACCOUNT#: \_\_\_\_\_ PROJECT (optional): \_\_\_\_\_

DEPT HEAD NAME (PRINT): \_\_\_\_\_ DEPT HEAD SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FEE PAID BY STUDENT:**

AMOUNT TO BE PAID                       50%      \$ \_\_\_\_\_ OR  100%    \$ \_\_\_\_\_

**PAYMENT OPTION:**

Cash                                       Check ~ **MADE PAYABLE TO "UC REGENTS"**  
 MasterCard                       Visa                                       American Express

ACCOUNT NUMBER \_\_\_\_\_ EXP (MONTH/YEAR) \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

AUTHORIZING SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_