

# 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, 510 E Peltason Dr., Irvine, CA 92697.
- 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 Concurrent Enrollment, Summer Session, Clear Induction Administrative Services Credential, Clinical Research, Culinary Arts, CFP Review, and other on campus 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** \_\_\_\_\_

# REDUCED FEE APPLICATION FOR SPANISH CLASSES ONLY

TO BE COMPLETED BY APPLICANT (please print or type)

INDICATE EMPLOYEMENT STATUS:

Faculty     Staff     Career     Casual

OFFICE USE ONLY:

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

DATE \_\_\_\_\_

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

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

CAMPUS DEPARTMENT & LOCATION : \_\_\_\_\_ GENDER: M \_\_\_\_\_ F \_\_\_\_\_

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

DCE ID/REFERENCE #: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

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

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

EMAIL \_\_\_\_\_

*\* Please select preferred means of phone contact:*

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK:

HOW DID YOU OBTAIN COURSE INFORMATION:  MAGAZINE  WEB  OTHER

## PAYMENT SECTION:

### FEE RECHARGED TO OEOD:

AMOUNT TO BE RECHARGED:  100% \$ \_\_\_\_\_

ACCOUNT NAME: **OEOD**

**PLEASE SELECT ONE OFFERED IN THE CURRENT QUARTER**  
***Courses must be taken in the sequence shown below:***

Essentials of Interpretation SPANISH\_X426 Start Date: \_\_\_\_\_

Sight Translation SPANISH\_X427 Start Date: \_\_\_\_\_

Consecutive Interpretation SPANISH\_X428 Start Date: \_\_\_\_\_

Simultaneous Interpretation SPANISH\_X429 Start Date: \_\_\_\_\_