

UCI Division of Continuing Education

REDUCED FEE APPLICATION – UCI 50% Discount

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) as a PDF.
 - Return by intercampus mail to: UCI DCE Student Services – Zot 5700
- Course fee must be paid at the time of registration. You will be instructed 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, were enrolled in a DCE course before, or were a former UCI student, please contact us and we can verify if you have an existing account

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 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) 824-1010 or email us at dce-services@uci.edu

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| | |
|------------------|-------|
| OFFICE USE ONLY: | |
| YR/QTR | _____ |
| DATE | _____ |
| PROCESSED BY | _____ |

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# _____ Log into your DCE account to add. _____ BIRTH DATE _____

HOME ADDRESS _____ UCInetID _____

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 UCI CAMPUS UCI MEDICAL CENTER
(check one): 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 _____