FACULTY-CONTRACT AND ADJUNCT CLASSIFIED AND CONFIDENTIAL EMPLOYEES-Full-time and Part-time

ENROLLMENT FEE WAIVER FORM

Employee Name:				
Social Security Number (En	mployee ID#):			<u> </u>
cation: Berkeley City College College of Alameda		Laney College District Office Merritt College Term		
Department:				
Course Title	Course Number	Number of Units	Class Days	Class Times
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160			3	
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				14
certify that the employee is employee and thereby quality		djunct faculty	member, or classifi	ed or confidential
Signature (Vice President, Instruction or		r	Date	
Division Dean or Departmen	t Manager)			
		14	æ	
Printed Name				

Upon approval of this form, complete your class registration with Admissions and Records. Then return this form to the Cashier's Office. The Cashier will waive the enrollment fee. You will be responsible for the student use fee and other fees that may be applicable.