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

ENROLLMENT FEE WAIVER FORM

*				
Employee Name:		-		1,5
Social Security Number:				
Location: Berkeley Cit	y College	Laney Colle Merritt Coll	,8,	District Office
College of Al	ameda	#	*)	
Department:		· · ·		
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	Course Number	Number of	Class Days	Class Times
Course Title	Course Number	Units		
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3	1 contr	act or adium	ct faculty m	ember, or
I certify that the employee classified or confidential e	ns a regular conta mployee, and the	ceby qualifies	s for the pro	gram.
ž	til Trakt	# 16		
	I standing of	. ——— Date	v.	
Signature (Vice President, Division Dean or Depart	ment Manager)		4.	9 *
\$		as: R	198	2005 2005
Printed Name	SS 10 10			₽9
	· *		- +::+ h . ^.	dmissions and
Upon approval of this for	n, complete your	class registr	ation with Ai The Cashie	r will waive the
Upon approval of this form Records. Then return thi	s form to the Cas. he responsible for	the student	use fee and	other fees tha

enrollment fee. You will be responsible for the student use fee and other fees that

may be applicable.