EASTERN CONNECTICUT STATE UNIVERSITY
REGISTRATION FEE WAIVER FOR CLASSIFIED EMPLOYEES

PART A – To be completed by Employee and sent to the Bursar's Office

NAME _____

HOME ADDRESS _____

_____

JOB TITLE _____

BARGAINING UNIT _____

ECSU ID # _____

PART TIME ENROLLMENT

UNDERGRADUATE ☐ GRADUATE ☐

SEMESTER AND YEAR _____

I certify that the above statements are true and correct.

_____ _____
Signature Date

PART B – To be completed by the Office of Human Resources

☐ Registration Fee Waiver Approved

☐ This Application is rejected for the following reason: _____

_____

_____ _____
Human Resources Approval Date