COURSE APROVAL FORM

Associated Students Educational Fees Refund Program
Semester

Last Name _____ First Name _____ MI _____

Department _____ Mail Drop _____ Ext _____

LIST ALL COURSES YOU PLAN TO TAKE THIS SEMESTER EVEN IF SOME EXCEED THE FEE REIMBURSEMENT LIMIT OF 6 UNITS.

Ticket No.	Course Number	Course Title	Units	Hours & Days	Release Time?

** RELEASE TIME/SUPERVISOR ACKNOWLEDGMENT APPROVAL OR DENIAL:

A max of 3 hours per week may be granted as release time when a class is not available during non-work hours. Release time is excused time to attend the course during the employee's working hours. It may be granted providing the course is: a) a part of an approved career development plan, and b) the operational needs of the department are met. The supervisor's signature also indicates knowledge of the employee's participation in the program. CHECK ONE BELOW.

- ☐ RELEASE TIME WAS NOT REQUESTED
- ☐ RELEASE TIME IS APPROVED (MAX OF 3 HOURS)
- ☐ CLASS TIME IS TO BE MADE UP. DESCRIBE THE NEW WORK SCHEDULE
- ☐ RELEASE TIME CANNOT BE GRANTED DUE TO OPERATIONAL NEEDS CANNOT BE MET

I authorize the Registrar to release to the Associated Students Human Resources staff the records pertaining to my academic standing at CSUN in order to report on my progress in A.S. Educational Fees Refund Program.

_____

Employee Signature Date Student ID Number

_____

Supervisor's Signature Title Date

_____ _____

A.S. Executive Director Date