

FACULTY/STAFF FEE ADJUSTMENT FORM

Bursar's Student Billing Office
Regent Administrative Center, Room 150
43 UCB, Boulder, CO 80309-0043
Fax: 303-492-1017
Phone: 303-492-5381
bursar@colorado.edu
<http://www.colorado.edu/bursar>

Complete the following form only if you are a permanent, full-time employee who is registered for classes, and if you are **NOT** requesting the faculty/staff tuition waiver. Submit *original* form to the Bursar's Office to reduce mandatory fees.

Employee name (please print): _____

Student I.D. number _____ Employee I.D. number: _____

Official job title: _____

Employment classification: _____ faculty _____ staff

Employee campus phone: _____ Dept: _____

Department address/campus box: _____

Employee e-mail address: _____

Eligibility: Classified staff, faculty who rank as instructors or above, professional research assistant, professional; exempt and research associates.

Please indicate the term you wish to register for:

- | | |
|---------------------|---|
| _____ Spring | _____ Summer Term A, C, or D |
| _____ Fall | _____ Summer Term B |
| _____ Summer Term M | _____ Summer Term Other (E, F, I, or undecided) |

FOR OFFICE USE ONLY	
Employee ID	_____
POS #	_____
Term	_____
Faculty or Staff	_____