THIS SECTION IS COMPLETED BY THE EMPLOYEE

**OFFICE USE ONLY** 

Signature

Status Verified

\* ALL FIELDS ARE REQUIRED

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1995 University Avenue, Suite 130 (MC 1080)
Phone: 510-642-5611 • Fax: 510-664-9825
summer@berkelev.edu

Berkeley Summer Sessions would like to invite current career, casual, or partial year employees at any UC campus to participate in our summer program at a reduced cost. Save the cost of the Summer Sessions Enrollment Fee (\$335) and take advantage of the chance to attend courses when work schedule or cost might otherwise make attendance difficult. It is out way of saying thanks to dedicated employees for maintaining such an outstanding university.

Current career, full-time casual, or partial year employees at any UC campus, lab, or the Office of the President are eligible. Long-term temporary staff with appointments longer than 6 months are also eligible. You will need the approval of your immediate supervisor, who will certify your eligibility. Employees who are also continuing UC Berkeley students and researchers who have "courtesy appointments" without salary are NOT eligible.

Just complete this form and send it to Berkeley Summer Sessions, 1995 University Ave., Suite 130 (campus mail code 1080), with your Berkeley Summer Sessions Domestic Visitor application and your most recent earnings statement or payroll stub. You will be billed for the course fee listed in the Online Schedule of Classes (*schedule.berkeley.edu*) or on our website (*summer.berkeley.edu*), and the \$52 document fee if applicable. We will waive the \$335 Enrollment Fee (You may choose to make the full payment by applying online. We will refund \$335 provided that you qualify for the waiver).

NOTE: If you cancel from Berkeley Summer Sessions prior to the "Cancel Registration" deadline, you will be refunded all but the \$100 non-refundable Cancellation Fee. If you withdraw before the "Drop or Withdraw for a Refund" deadline, all fees except for the \$335 Registration fee will be refunded. If you withdraw after the "Drop or Withdraw for Refund" deadline, you will receive no refund. You can find the Deadline Calendar from our website (summer.berkeley.edu).

## Name Employee ID # Position For How Long? Address Which Campus? Daytime Phone E-mail Address **Evening Phone** I certify that the above information is true. Signature Date THIS SECTION IS COMPLETED BY THE IMMEDIATE SUPERVISOR I certify that the named employee meets the eligibility requirements for the Berkeley Summer Sessions Staff Discount. Signature Title Extension Date

SID

Date

Ast Name* (Family Name/Surname)  First Name* (Given Name)  Middle Name as upperas in possport  Sex* (Gender):   Male   Female  Sex* (Givent Male Name   Female Name   Female Name   Female Nam	At Name* (Family Name/Surname)  First Name* (Given Name)  Middle Name  so appears in pussport  Inthate* (MM-DD-YYYY)  Social Security Number*  Sex* (Gender):   Male   Female  Sex* (Gender):   Male   Female  Treet Address*  Telephone Number*  Fax/Alternate Number  Street Address*  Telephone Number*  Fax/Alternate Number  Sex* (Gender):   Male   Female  Street Address*  Name of the Recipient*  Street Address*  State/Province*  Zip/Postal Code*  Country  Street Address*  Telephone Number*  Fax/Alternate Number  Sex* (Gender):   Male   Female  Street Address*  Name of the Recipient*  Street Address*  State/Province*  State/Province*  Street Address*  State/Province*  Telephone Number*  Fax/Alternate Number  Sex (Gender):   Male   Female  Street Address*  Name of the Recipient*  Street Address*  State/Province*  State/Province*  State/Province*  State/Province*  State/Province*  State/Province*  Telephone Number*  Fax/Alternate Number  Sex (Grading Units* Tuition*)  Department*  Number*  Sex (Ourse Course Number*  Sex (Grading Units* Tuition*)  Discussion Section  Laboratory Section  Laboratory Section  Discussion Section  Laboratory Section  Discussion Section  Laboratory Section  Laboratory Section  Laboratory Section  Laboratory Section  Discussion Section  Laboratory	ERSC	NAL INFORMATION	* Reauir	ed Field					TRANSCRIPT ADD	ORESS * Real	uired Field	
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Social Security Number*   Sex* (Gender):   Male   Female   Female   Female   Will add an address later (do so by August 15, 2014)	Sex* (Gender):   Male   Female   Female   Female   Female   Will add an address later (do so by August 15, 2014)									<del> </del>	, ,		,
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Telephone Number* Fax/Alternate Number    City*   State/Province*	mail Address* Telephone Number* Fax/Alternate Number  ay Campus Directory Services release your address to the public?*   Yes   No  Zip/Postal Code* Country  WESE SELECTION  *Required Field  Course Course Course Ontrol Number* Session* Option* Units* Tuition*  Department* Number* Control Number* Session* Option* Units* Tuition*  Discussion Section Laboratory Section  Laboratory Section  Discussion Section Laboratory Section  Discussion Section Laboratory Section  Discussion Section Laboratory Section  Discussion Section Laboratory Section  Discussion Section Laboratory Section  Discussion Section Laboratory Section  Discussion Section Laboratory Section  Discussion Section Laboratory Section  Discussion Section Laboratory Section  Discussion Section Laboratory Section  Discussion Section Laboratory Section  Discussion Section Laboratory Section  Laboratory Section Laboratory Section  Discussion Section Laboratory Section  Laboratory Section Laboratory Section Laboratory Section  Laboratory Section	Stree	t Address*							Name of the Reci	pient*		
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DURSE SELECTION  * Required Field  Course Number* Course Number* Control Number* Control Number* Control Number* Control Number* Course Number* Course Number* Control Number* Course Number* Number* Course Number* Number	STUDENT INFORMATION   Required Field   What is your current Visa Status?*   U.S. Citizen   Permanent Resident   F-1   J-1   Other   If F-1 or J-1, will you return to your U.S. school?   Yes   If F-1 or J-1, will you return to your U.S. school?   Yes   If F-1 or J-1, will you return to your U.S. school?   Yes   If F-1 or J-1, will you received the school you currently attend*   U.S. Citizen   Permanent Resident   F-1   J-1   Other   If F-1 or J-1, will you return to your U.S. school?   Yes   If F-1 or J-1, will you received the school you currently attend*   U.S. Citizen   Permanent Resident   F-1   J-1   Other   If F-1 or J-1, will you return to your U.S. school?   Yes   If F-1 or J-1, will you received the school you currently attend   U.S. Citizen   Permanent Resident   F-1   J-1   Other   If F-1 or J-1, will you received the school you currently attend   U.S. Citizen   Permanent Resident   If F-1 or J-1, will you received the school you currently attended   U.S. Citizen   Permanent Resident   If F-1 or J-1, will you received the equivalent of your U.S. Citizen   Permanent Resident   If F-1 or J-1, will you received the equivalent of your U.S. Citizen   Permanent Resident   If F-1 or J-1, will you received the equivalent of your U.S. Citizen   If F-1 or J-1, will you received the equivalent of your U.S. Citizen   If F-1 or J-1, will you received the equivalent of your U.S. Citizen   If F-1 or J-1, will you received the equivalent of	1ay C	ampus Directory Services	release you	ır address to the pub	lic?* 🗌 Y	es 🗌 No						
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Department*   Number*   Control Number*   Session*   Option*   Units*   Tuition*   U.S. Citizen   Permanent Resident   F-1   J-1   Other   If F-1 or J-1, will you return to your U.S. school?   Yes   Name of the school you currently attend*   What is your student status (as of Spring 2014)?*   UCB Extension Student   Attend a California Community College   Attend other Two Year College   Attend other Four Year College   Inrolling for Permanent Resident   F-1   J-1   Other   If F-1 or J-1, will you return to your U.S. school?   Yes   Name of the school you currently attend*   What is your student status (as of Spring 2014)?*   UCB Extension Student   Attend a California Community College   Attend other Two Year College   Attend other Two Year College   Inrolling for Future Degree   Enrolling for Job Advancem   Enrolling for Personal Enrichment   Have you received the equivalent of a U.S. Baccalaureate (BA)   Degree?*   Yes   No   Will you receive a BA/BS this summer?*   Yes   No   Have you applied for admission to UC Berkeley for Fall 2014?*	Department* Number* Control Number* Session* Option* Units* Tuition*    Statistics	)UR	SE SELECTION	* Requi	red Field					STUDENT INFORM	MATION * Req	uired Field	
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Signature\*