COLLEGE OF MARIN

Print Clear all fields

ENROLLMENT SERVICES

Application for Employee/Retiree Class Fee Payment

Today's date _____

(Application form must be submitted **prior to Drop for Nonpayment Date to avoid being dropped**)

It is only necessary to submit one form per term. If you adjust your schedule: add, drop, or switch courses. Please do not submit multiple forms for the same term.

If approved, you will only be responsible for materials fees (if applicable).

Marin ID Number _____

_____
NAME

_____
ADDRESS

_____
EMAIL ADDRESS PHONE NUMBER

_____
POSITION HELD AT COM/RETIREE UNION REPRESENTATION

_____
COURSE REFERENCE NUMBER(S) AND CLASS TITLE(S)

_____
TERM/YEAR

Purpose of class:

☐ Enhance job skills

☐ Personal enrichment

☐ Other_____

Signature of employee _____

Open in Adobe Acrobat to enter signature.