


**CAL STATE SAN BERNARDINO**  
**University Enterprises Corporation**

**APPLICATION FOR EDUCATIONAL ASSISTANCE**

**Name:** \_\_\_\_\_  
**School ID Number:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Department:** \_\_\_\_\_

**Term Applying For: Qtr.** \_\_\_\_\_ **Yr.** \_\_\_\_\_  
**Beginning Date of Term:** \_\_\_\_\_  
**Job Related:** \_\_\_\_\_ **Career Related:** \_\_\_\_\_  
**Undergraduate:** \_\_\_\_\_ **Graduate:** \_\_\_\_\_

**DEADLINE FOR FILING: Four weeks prior to registration for the quarter applying for.**

Course(s) planned to enroll in:

Course #	Course Title	Units	Days	Hours	Office Use Only: Grade

**If you are requesting to take a course during your normal working hours, arrangements must be made with your supervisor regarding time away from work and make up time. Supervisor must sign application form.**

Relationship of course(s) to present job or career:

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\_\_\_\_\_  
Applicant's Signature                      Date

**Supervisor:** Is this course job or career related to the applicant's current status?    Yes                       No

<b>UEC USE ONLY:</b> Tuition Amount\$ _____	
Acct.# _____	Fund# _____
Dept.# _____	Project # _____
HR Approval _____	Date: _____
CHECK # _____	

\_\_\_\_\_  
Supervisor's Signature                      Date

\_\_\_\_\_  
Executive Director/ Budget Approval                      Date

**INDIVIDUAL DEVELOPMENT PLAN – UNIVERSITY ENTERPRISES CORPORATIONS AT CSUSB**

Name: \_\_\_\_\_ Full Time

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Department: \_\_\_\_\_ Other: \_\_\_\_\_

Career Goals (include positions)

Short Range:

Long Range:

List any degrees previously earned: \_\_\_\_\_

Developmental Objectives:	Formal Training:	Other Activities:

I understand that my participation in a program of Career Development is voluntary and does not obligate UEC, or this campus to promote me or reassign me. Also, I understand that if I withdraw from enrollment, out of my own will, I will be responsible for the payment of any fees and/or administrative charge that may apply.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date