

### Request for Dependent/Spouse of Employee Tuition Discount

This form must be completed in full to receive discount approval. **DEADLINE: LAST DAY OF REGULAR REGISTRATION FOR THE DISCOUNT SEMESTER.**

Student Name:	Student ID #:
Relationship to employee (circle one): DEPENDENT SPOUSE	
Employee Name:	Employee SAP #:
Employee Title:	Employee College/Division:
Employee Campus: UAMS	E-Mail address:
Designated employee home campus	Employee Work Phone #:
Enrollment requested at:	Academic Year:
Fall Spring Summer-Specify Session: _____	Major/Minor:
Number of credit hours enrolling this term:	Total credit hours completed to date:

\*Employees with Regional Programs (AHEC) and Kids First sites located outside of Pulaski County may designate a campus. The designated campus shall remain the same for the term of employment unless the site of employment changes.

**NOTE:** Limitations exist on which courses/degrees/programs are eligible for discount.

Course Prefix	Course #	Course Name	**UALR CRN#	Credit Hours	Days and Times Of Class Meeting

\*\*The CRN for each course is listed in the course schedule.

I certify that the above student is my spouse or dependent child as defined by the Internal Revenue Service. I agree to furnish documentation in support of the validity of the above statements, if requested, including copies of federal and state income tax returns as may be necessary to confirm my claim of dependent status. I understand that any change to the course schedule will require submission of another tuition discount form for approval in order to avoid being administratively withdrawn.

\_\_\_\_\_  
**Employee Signature** \_\_\_\_\_ **Date**

**FAX COMPLETED FORM TO HUMAN RESOURCES AT 501-686-5386 or mail to Human Resources #564.  
Human Resources will verify employment is 100% time and fax to appropriate campus.**

**HUMAN RESOURCES USE ONLY**

I certify that the employee is **full-time (100% appointed)** and is **eligible** for this fee discount.

Approved: \_\_\_\_\_ Vice Chancellor  
and Provost (or Human Resources designee) \_\_\_\_\_ Date

Certification of Full-Time Employment by EMPLOYEE Campus: \_\_\_\_\_

Hours Approved: \_\_\_\_\_ Term: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer