Request for Registration Fee Discount for
Spouse/Dependent of Employee From   PMGS 17-A 12/7/2023

Spouse/Dependent Information

Name _____   Student ID _____
       Last Name, First Name

Student Date of Birth _____   Relationship to Employee ☐ Spouse ☐ Unmarried Dependent

Student's Designated Campus on File with Human Resources[1] _____

Enrollment at   ☐ CCCUA ☐ UA Grantham ☐ PCCUA ☐ UACCB ☐ UACCH ☐ UACCM

              ☐ UAFS ☐ UALR ☐ UAM ☐ UAF ☐ UAMS ☐ UAPB ☐ UAPTC ☐ UARM

Course Location _____   Degree Sought ☐ Associate ☐ Bachelors

Student Status ☐ FR   ☐ SO   ☐ JR   ☐ SR

Academic Year _____   ☐ Fall   ☐ Spring   ☐ Summer I   ☐ Summer II
                            ☐ Short-Term Interim Course   ☐ Summer III   ☐ Summer IV

Number of credit hours enrolling this semester _____   Total accumulated to date[3] _____

Course Name/Title	Course Number/ID	Credit Hours[2]	Day/Time of Class Meeting(s)
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If more space is required, please attach course schedule in a separate document

Employee Verification

Employee Name _____ Employee Workday ID _____

Employee Title _____ Employee Date of Hire_____

Employee Work Email _____

Please Read Carefully

I have reviewed policy PMGS 17-1 and certify that the above student is my **spouse or unmarried dependent child as defined by the Internal Revenue Service.** I agree to furnish documentation, if requested, in support of the validity of the above statements, including copies of federal and state income tax returns as may be necessary to confirm my claim of dependent status. I also certify that I am currently serving the University in a full-time capacity.

Employee Signature _____ Date_____

Human Resource
Representative Signature   Date

All forms must be submitted to tuition@uada.edu

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[1] The Student's Designated Campus selected for tuition discount purposes is a permanent choice.
[2] Benefit not available for Medical, Law, or Graduate School
[3] There is a 132 credit hour maximum at the tuition discount rate