

Name _____ Employee Workday ID _____
Last Name, First Name

Employee Email _____ Date of Hire _____

Title _____ County/Depart _____

Full- Time Active Employee Yes No Designated Employee's Campus on File¹ _____

Enrollment at CCCUA UA Grantham PCCUA UACCB UACCH UACCM UA Clinton
 UAFS UALR UAM UAF UAMS UAPB UAPTC UARM

Course Location _____ Degree Sought Bachelors Masters Doctorate

Student ID _____ Degree Program Name _____

Student Status FR SO JR SR GR Non-Degree Seeking

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

<u>Course Name/Title Meeting(s)</u>	<u>Course Number/ID</u>	<u>Credit Hours²</u>	<u>Day/Time of Class</u>
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.....

I pledge that I shall not permit participation in this course to interfere with the performance of my regular duties.

Employee Signature _____ Date _____

I certify that the employee is full-time (100% appointed). I agree that the coursework mentioned above is mutually beneficial for the organization and the employee. (Must acquire 2 different signatures below)

Supervisor Signature _____ Date _____

Dist. Director/Depart Head _____ Date _____

Next Level Approver (If Applicable*) _____ Date _____

* Signature is required if Supervisor and Dist. Director/Depart. Are the same.

Certification of Employment by Home Campus or Unit of University of Arkansas:

I certify that the employee meets the eligibility requirements for tuition waiver per the University of Arkansas Division Policy PMGS 17-1.

Human Resource Representative _____ Date _____

HR Comments/Notes: _____

All forms must be submitted to tuition@uada.edu

UAF Graduate Level tuition Discount forms must include an itemized billing statement to be fully processed.

¹ The Designated Employee's Campus selected for tuition discount purposes is a permanent choice.

² Total enrollment at reduced rates shall not exceed eleven (11) credit hours per Fall/Spring term, three (3) credit hours per summer term and shall not exceed a total of 132 undergraduate semester credit hours.