|  |  |  |
| --- | --- | --- |
|  DivLogoSep2011 | Employee Request for Registration Fee Discount Form | PMGS 17-A 10-29-2021 |
|  |
| Name |       |   | Employee ID |       |
|  | Last Name, First Name |  | Employee email |       |
|  |  |  |  |  |
| Title |       |  | County/Dept |       |
|  |
| Full-Time Active Employee [ ]  Yes [ ]  No  |  | Date of Hire |       |
|  |
| Designated Employee’s Campus on File[[1]](#footnote-1) |       |
|  |  |
| Enrollment at | [ ]  CCCUA [ ]  UA Grantham [ ]  PCCUA [ ]  UACCB [ ]  UACCH [ ]  UACCM |
|   |
|   | [ ]  UAFS [ ]  UALR [ ]  UAM [ ]  UAF [ ]  UAMS [ ]  UAPB [ ]  UAPTC [ ]  UARM |
|  |
| Course Location |       | Degree Sought [ ]  Bachelors [ ]  Masters [ ]  Doctorate |
|  |  |  |
| Student ID |       | Degree Program |       |
|  |
| 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 |
|  |
|  Course Name |  | Course Number |   | Credit Hours[[2]](#footnote-2)  |  | Days/Times of Class Meeting(s) |
|  |  |  |  |
|       |       |       |       |
|  |  |  |  |
|       |       |       |       |
|  |  |  |  |
|       |       |       |       |
|  |  |  |  |
|       |       |       |       |
| 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.  |
|  |
| Supervisor Signature |  | Date |       |
|  |  |  |
| Dist. Director/Dept. Head |  | Date |       |
|  |
| Next Level Approver (if applicable\*) |  | Date |       |
| *\** Signature is required if Supervisor and Dist. Director/Dept. 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 Resources Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HR Comments/Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

1. The Designated Employee’s Campus selected for tuition discount purposes is a permanent choice. [↑](#footnote-ref-1)
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. [↑](#footnote-ref-2)