|  |  |  |
| --- | --- | --- |
| UA-color-left-med | Request for Registration Fee Discount for Spouse/Dependent of Employee Form | PMGS 17-B06-10-2022 |
|  |
| **Spouse/Dependent Information** |
|  |
| Name |       | Student School ID # |       |
|  | Last Name, First Name |  |  |
|   |
|  Relationship to Employee | [ ]  | Spouse | [ ]  | Unmarried Dependent |
|  |
| Student’s Designated Campus on File with Human Resources[[1]](#footnote-1)Student’s Date of Birth *(needed for eligibility purposes)* |            |
|  |
| Enrollment at | [ ]  CCCUA [ ]  eVersity [ ]  PCCUA [ ]  UACCB [ ]  UACCH [ ]  UACCM |
|   |
|   | [ ]  UAFS [ ]  UALR [ ]  UAM [ ]  UAF [ ]  UAMS [ ]  UAPB [ ]  UAPTC [ ]  UARM |
|  |
| Course Location |       |

|  |  |
| --- | --- |
| Degree Sought[[2]](#footnote-2) |       |

 |
|  |  |  |
|  |
| 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]](#footnote-3) |       |  |
|  |  |  |  |  |  |
|  Course Name |  | Course Number |   | Credit Hours  |  | Days/Times of Class Meeting(s) |
|  |  |  |  |
|       |       |       |       |
|  |  |  |  |
|       |       |       |       |
|  |  |  |  |
|       |       |       |       |
| 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 Resources Representative Signature |  | Date |   |
|       |
|  |

1. ##  The Student’s Designated Campus selected for tuition discount purposes is a permanent choice.

 [↑](#footnote-ref-1)
2. Benefit not available for Medical, Law, or Graduate School. [↑](#footnote-ref-2)
3. There is a 132 credit hour maximum at the tuition discount rate. [↑](#footnote-ref-3)