

**REQUEST FOR REGISTRATION FEE DISCOUNT FOR SPOUSE/DEPENDENT OF EMPLOYEE -- FORM**

Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last Name First

Relationship to Employee: Unmarried Dependent Married Dependent Spouse

Enrollment Requested At: \_\_\_\_\_  
(Name of campus)

College/School: \_\_\_\_\_

Degree Program: Undergraduate Graduate

Academic Year: \_\_\_\_\_ Fall Spring Summer 1 Summer 2

Employee Name: \_\_\_\_\_ Employee Soc. Sec. # \_\_\_\_\_

Employee Title: \_\_\_\_\_ Employee Campus: \_\_\_\_\_

Employee Division: \_\_\_\_\_ Employee Department: \_\_\_\_\_

Employee Hire Date: \_\_\_\_\_

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, including, if requested, copies of federal and state income tax returns as may be necessary to confirm my claim of dependent status.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

\_\_\_\_\_ Date: \_\_\_\_\_  
Vice Chancellor for Finance or Unit Director

This form must be submitted to the appropriate campus office with proper approvals when making fee payment.

April 29, 2016