Student Name: Student ID 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 ID Number

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.

March 26, 2019