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| University of Arkansas System | | | | | | | | | | | | Employee Request for Tuition Discount | | | | | | | | | | | | | | | |
| NOTE: Employee must have been employed by the UA System for one complete fall or spring semester in order to qualify for tuition discount.  Instructions: Completed forms for UA System office employees should be emailed to [CBrown@uasys.edu](mailto:CBrown@uasys.edu). | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Name | (*Last Name, First Name)* | | | | | | | | | | | | | | | | Employee ID | | | | | | | |  | | |
| Title |  | | | | | | | | | | | Department | | | | | | |  | | | | | | | | |
| Home Campus | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | |
| Full-Time (100%) Active Employee  Yes  No | | | | | | | | | | | | | | | | | Date of Hire | | | | |  | | | | | |
| Designated Employee’s Campus on File[[1]](#footnote-1) | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Enrollment at | | | CCCUA  eVersity  PCCUA  UACCB  UACCH  UACCM  UACCRM  UAFS  UALR  UAM  UAF  UAMS  UAPB  UAPTC | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | Summer III | | | Summer IV |
| Course Name | | | | Course Number | | | | | Credit Hours[[2]](#footnote-2) | | | | | | Days/Times of Class Meeting(s) | | | | | | | | | | | | |
|  | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | |
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|  | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | |
| I pledge that I shall not permit participation in this course(s) to interfere with the performance of my regular job duties. I understand that any change to my course schedule will require that I submit another tuition discount form for approval in order to avoid being administratively withdrawn. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Signature | | | | | | | | | | | | | | | | | | | | Date | | | | | | | |
| I certify that the employee is full-time (100% appointed). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisor Signature | | | | | | | | | | | | | | | | | | | | Date | | | | | | | |
| Department Director | | | | | | | | | | | | | | | | | | | | Date | | | | | | | |
| **Certification of Employment by Home Campus of University of Arkansas:**  I certify that the employee meets the eligibility requirements for tuition wavier per the University of Arkansas Board Policy 440.1.  Human Resources Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HR Comments/Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. **The designated campus selected for tuition discount purposes is a one-time only choice universally applicable to the employee and all family members.** [↑](#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)