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| University of Arkansas System | | | | | | | | | | | | | Spouse/Dependent 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 Spouse/Dependents should be emailed to [CBrown@uasys.edu](mailto:CBrown@uasys.edu). | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Spouse/Dependent Information** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | (*Last Name, First Name)* | | | | | | | | | | | | | | Student School ID # | | | | | |  | | | |
| Relationship to Employee: | | | | | Spouse | | | | Dependent | | | | | | | | | | Dependent Child Date of Birth \_\_\_\_\_\_\_\_\_ *(mm/dd/yyyy)* | | | | | |
| Designated Campus on File with Human Resources[[1]](#footnote-1) | | | | | | | | | | | | | | | | | | | | | | | | |
| Enrollment at | | CCCUA  eVersity  PCCUA  UACCB  UACCH  UACCM  UACCRM  UAFS  UALR  UAM  UAF  UAMS  UAPB  UAPTC | | | | | | | | | | | | | | | | | | | | | | |
| Course Location | |  | | | | | | | | | | Degree Sought[[2]](#footnote-2) | | | | | | | |  | | | | |
| Student Status | | FR | | | | | SO | | | | JR | | | SR | | | | | | | | | | |
| Academic Year | |  | | | | Fall | | Spring | | | | Summer I | | | | | | Summer II | | | | 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) | | | | | | | |
|  | | |  | | | | | | |  | | | | | | |  | | | | | | | |
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| **Employee Verification** | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Name | | | |  | | | | | | | | | | | | | | Employee ID | | | | |  | |
| Employee Title | | | |  | | | | | | | | | | | | | | Employee Date of Hire | | | | |  | |
| Employee Work Email | | | |  | | | | | | | | | | | | | | Employee Home Campus | | | | |  | |
| **Please Read Carefully** | | | | | | | | | | | | | | | | | | | | | | | | |
| I have reviewed Board Policy 440.1 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 of Arkansas in a full-time capacity. | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Signature | | | | | | | | | | | | | | | | | | Date | | | | | | |
| Human Resources  Verification Signature | | | | | | | | | | | | | | | | | | Date | | | | | | |

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. **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)