

**EMPLOYEE REQUEST FOR REGISTRATION FEE DISCOUNT -- FORM**

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

\*Designated Employee's Campus: \_\_\_\_\_

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

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

Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Enrollment Requested At: \_\_\_\_\_ (please specify name of campus)

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

Degree Program: ( ) Undergraduate ( ) Graduate

Course Name	Course Number	Number of Hours	Frequency and Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I pledge that I shall not permit participation in this course to interfere with the performance of my regular duties.

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

Approved by:  
Department Chairman/Director \_\_\_\_\_ Date: \_\_\_\_\_

Vice Chancellor/Chancellor \_\_\_\_\_ Date: \_\_\_\_\_

Hours Approved at Employee Rate \_\_\_\_\_

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.

**\*Employees of the University System office, the Cooperative Extension Service, the Agricultural Experiment Stations, the UAMS Area Health Education Centers, and other widely dispersed units of the University shall designate one campus as the "employee's campus" for purposes of this policy.**