

UA SYSTEMWIDE POLICIES AND PROCEDURES

UASP 445.1

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