

UNIVERSITY OF ARKANSAS EMPLOYEE REQUEST FOR FEE DISCOUNT *(all fields required)*

Employee Name: _____ Hire Date: _____

University ID: _____ Requesting Term: Fall Spring Summer Requesting Year: _____

Student Status: NON-DEGREE SEEKING FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE

Student Campus: UAF UAFS UALR UAMS UAPB UAM UACCH PCCUA UACCB UACCM CCCUA eVersity Pulaski Tech

I HAVE A BACHELOR'S DEGREE OR HIGHER FROM ANY INSTITUTION: YES NO

COURSE NAME	COURSE NUMBER	CREDIT HOURS	DAYS & TIMES

I certify that I am currently serving the University of Arkansas on 100% appointment as of the final day of regular registration for the term this discount is requested, and that I have been continuously serving the University in a full-time position for one complete fall or spring semester prior to this term. I certify that I have read and agree to the specifications listed in [Board Policy 440.1](#) and [Fayetteville Policy 512.0](#). **I understand that if I fail to complete this form and pay the remaining balance due on my student account by the tuition and fee due date that I will be subject to late fees. Per IRS code section 127, you will be taxed for tuition waiver benefits over \$5,250 per year.**

Employee Signature: _____ Date: _____

Employee ID [Lookup Employee ID](#) Campus Address Department Code Campus Phone

TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR

I certify that the employee is currently serving the University of Arkansas on 100% appointment, that any release granted during the employee's regular working hours does not exceed one five-hour course (Fall and Spring) or one three-hour course (Summer). I certify that if the employee is taking an intersession course, they are using annual leave to cover the hours away from work. I also certify that I have read and agree to the specifications listed in [Board Policy 440.1](#), [Fayetteville Policy 512.0](#) and the explanation above.

Immediate Supervisor/Dean or Dept. Head: _____ Date: _____

TREASURER'S OFFICE USE ONLY

Company Signature Date

FINANCIAL AID OFFICE USE ONLY

			Amount
Employee Institutional Scholarship	Fall/Spring	901100270030	_____
	Summer	901200270030	_____