

**REQUEST FOR REGISTRATION FEE DISCOUNT
FOR SPOUSE/DEPENDENT OF EMPLOYEE**

Student Name: _____ Social Security Number: _____
Last Name First

Relationship to Employee: () Unmarried Dependant () Married Dependant () Spouse

Enrollment Requested At: () UAF () UALR () UAMS () UAPB () UAM () PCCUA () UACCH () UACCB

College/School: _____ Degree Program: () Undergraduate () Graduate

Academic Year: _____ () Fall () Spring () Summer I () Summer II

Employee Name: _____ Employee Soc. Sec. # _____

Employee Title: _____ Employee Campus _____

Employee Division: _____ Employee Department _____

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:

Vice Chancellor for Finance or Unit Director Date: _____

This form must be submitted to the appropriate campus office with proper approvals when making fee payment.