UNIVERSITY OF ARKANSAS AT PINE BLUFF FEE DISCOUNT FORM FOR
SPOUSE/DEPENDENT OF EMPLOYEE

SPOUSE/DEPENDENT INFORMATION *(all fields required)*

Relationship: ☐Child   ☐Spouse   ☐Other Dependent, explain relationship: _____

Student Name: _____   University ID: _____

Requesting Term: ☐Fall ☐Spring ☐Summer   Requesting Year: _____   Total Credit Hours: _____

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

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

I understand that a discount will not be applied to my account until the 11th class day.

EMPLOYEE INFORMATION *(all fields required)*

Employee Name: _____   Hire Date: _____

_____	_____	_____	_____
Employee ID	Campus Address	Department Code (if applicable)	Campus Phone

I certify that the above student is my spouse or dependent child as defined by the Internal Revenue Service. A dependent child per the IRS is a full-time student under the age of 24 at the end of the year or if the student is permanently or totally disabled. 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. I certify that the above student has not registered for 132 hours at the discounted rate. 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 UAPB Policy 12.6. **I understand that if I fail to complete this form and pay the remaining balance due on the student's account by the tuition and fee due date that I will be subject to late fees**.

Employee Signature: _____   Date: _____

Vice Chancellor for Finance: _____   Date: _____

STUDENT FINANCIAL SERVICES OFFICE USE

_____   _____
Signature   Date