

UNIVERSITY OF ARKANSAS AT PINE BLUFF FEE DISCOUNT FORM FOR EMPLOYEE

Student Name: _____

University ID: _____

Requesting Term: ☐ Fall ☐ Spring ☐ Summer Requesting Year: _____

Total Credit Hours: _____

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

Student Campus: ☐ UAF ☐ UACCH ☐ UA Grantham
 ☐ UAFS ☐ PCCUA
 ☐ UALR ☐ UACCB
 ☐ UAMS ☐ UACCM
 ☐ UAPB ☐ CCCUA
 ☐ UAM ☐ UA-PTC

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 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](#). **This form should be completed and submitted to the Vice Chancellor of Finance and Administration by the 11th day of class each semester when employees request a tuition discount.** 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