Division of AGRICULTURE RESEARCH & EXTENSION University of Arkansas SystemPMGS 17-A 10-29-2021Employee Request for Registration Fee Discount Form	
Name Last Name, First Name	Employee ID Employee email
Title	County/Dept
Full-Time Active Employee Yes No	Date of Hire
Designated Employee's Campus on File ¹	
Enrollment at	
Course Location Degree So	ought 🔲 Bachelors 🗌 Masters 🔲 Doctorate
Student ID Degree Pro	ogram
Student Status FR SO JR SR	GR Non-Degree Seeking
Academic Year 🗌 Fall 🗌 Spring	Summer I Summer II
Short-Term Interim Course	Summer III Summer IV
Course Name Course Number Credit Hours ² Days	s/Times of Class Meeting(s)
I pledge that I shall not permit participation in this course to interfere with the performance of my regular duties.	
Employee Signature Date	
I certify that the employee is full-time (100% appointed). I agree that the coursework mentioned above is mutually beneficial for the organization and the employee.	
Supervisor Signature	Date
Dist. Director/Dept. Head	Dete
Next Level Approver (if applicable*)	Date
* Signature is required if Supervisor and Dist. Director/Dept. are the same.	
Certification of Employment by Home Campus or Unit of University of Arkansas:	
I certify that the employee meets the eligibility requirements for tuition waiver per the University of Arkansas Division Policy PMGS 17-1.	
Human Resources Representative HR Comments/Notes:	Date
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 ¹ The Designated Employee's Campus selected for tuition discount purposes is a permanent choice.
 ² Total enrollment at reduced rates shall not exceed eleven (11) credit hours per Fall/Spring term, three (3) credit hours per summer term and shall not exceed a total of 132 undergraduate semester credit hours.