

Name

Tuition Waiver Form

NOTE: Employee must have been employed by the UA Little Rock for one complete fall or spring semester.

Date

Instructions: Completed forms can be faxed to the Department of Human Resources at (501)-569-3181 or emailed to <u>HR-tuitiondiscount@ualr.edu</u>. The Academic Calendar can be found at http://ualr.edu/records/calendar/.

Employee Title				Student ID	Student ID	
Employee Department				Employer (H	Employer (Home Campus)	
Work Email Address				Work Phone Number		
Degree			Campus Attending (UALR, UAF)			
Term	n Academic Year (2017, etc.)		Major/Program*	Major/Program*		
Employee tuition waivers apply to any undergraduate or graduate (master's level) course of study, except for the following programs: Weekend Master of Business Administration (WMBA) and Law (JD). Please check with your supervisor.						
Total enrollment at reduced rates shall not exceed 11 credit hours per Fall/Spring term and 6 credit hours over the entire Summer. Only 3 hours out of the 6 hours for summer can be taken during working hours. Please check with your supervisor.						
By signing below, I certify that I am eligible under existing university policy for the tuition discount requested. I pledge that I shall not permit participation in this course to interfere with the performance of my regular duties.						
Name					Date	
I certify that the employee is full-tim approve any course taken during no				nt. I have rev	lewed and I	
Supervisor Signature De			Dean/Director/VC Signature (If applicable)			
Supervisor Name (please print)		Date	Dean/Director/VC Name (please Pr	int)	Date	
I certify that the employee listed above is full-time (100%) and is eligible for this tuition discount.					Current Hire Date	
Employment Verification (by home campus)		Hours Approved (11 Max)	UALR Human Resource Final Appr	oval	Date	