REQUEST FOR REGISTRATION FEE DISCOUNT FOR SPOUSE/DEPENDENT OF EMPLOYEE -- FORM

Student Name: Last Name First	ne: Social Security Number:		
Relationship to Employee: ()Unmarried	d Dependent	()Married Dependent ()Spouse	
Enrollment Requested At:			
College/School:		Name of campus)	
Degree Program: ()Undergraduate ()C	Graduate		
Academic Year: ()Fall ()S	pring ()Su	mmer 1 ()Summer 2	
Employee Name:	Employee S	Soc. Sec. #	
Employee Title:	Employee (Campus:	
Employee Division:	Employee I	Department:	
Employee Hire Date:			
Revenue Service. I agree to furnish	documentation do	dependent child as defined by the Internal on in support of the validity of the above al and state income tax returns as may be	
Employee Signature:			
Date:			
Certification of Employment by Home C	Campus or Un	nit of University of Arkansas:	
		Date:	
Vice Chancellor for Finance or Unit Dir	ector		
This form must be submitted to the appr making fee payment.	opriate camp	us office with proper approvals when	

April 29, 2016