

Spouse/Dependent Information

Name _____ Student School ID # _____
Last Name, First Name

Relationship to Employee Spouse Unmarried Dependent

Student's Designated Campus on File with Human Resources¹ _____
Student's Date of Birth (needed for eligibility purposes) _____

Enrollment at CCCUA eVersity PCCUA UACCB UACCH UACCM
 UAFS UALR UAM UAF UAMS UAPB UAPTC UARM

Course Location _____ Degree Sought² _____

Student Status FR SO JR SR

Academic Year _____ Fall Spring Summer I Summer II
 Short-Term Interim Course Summer III Summer IV

Number of credit hours enrolling this semester _____ Total accumulated to date³ _____

Course Name	Course Number	Credit Hours	Days/Times of Class Meeting(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more space is required, please attach course schedule in a separate document.

Employee Verification

Employee Name _____ Employee Workday ID _____

Employee Title _____ Employee Date of Hire _____

Employee Work Email _____

Please Read Carefully

I have reviewed policy PMGS 17-1 and certify that the above student is my **spouse or unmarried dependent child as defined by the Internal Revenue Service**. I agree to furnish documentation, if requested, in support of the validity of the above statements, including copies of federal and state income tax returns as may be necessary to confirm my claim of dependent status. I also certify that I am currently serving the University in a full-time capacity.

Employee Signature _____ Date _____

Human Resources Representative Signature _____ Date _____

¹ The Student's Designated Campus selected for tuition discount purposes is a permanent choice.

² Benefit not available for Medical, Law, or Graduate School.

³ There is a 132 credit hour maximum at the tuition discount rate.