

EMPLOYEE REQUEST FOR REGISTRATION FEE DISCOUNT -- FORM

Name: _____ Social Security Number: _____
Last Name First

*Designated Employee's Campus: _____

Title: _____ Campus: _____

Division: _____ Department: _____

Office Address: _____ Office Phone: _____

Enrollment Requested At: _____ (please specify name of campus)

Academic Year: _____ () Fall () Spring () Summer 1 () Summer 2

Degree Program: () Undergraduate () Graduate

Course Name	Course Number	Number of Hours	Frequency and Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I pledge that I shall not permit participation in this course to interfere with the performance of my regular duties.

Employee Signature: _____ Date: _____

Approved by:
Department Chairman/Director _____ Date: _____

Vice Chancellor/Chancellor _____ Date: _____

Hours Approved at Employee Rate _____

Certification of Employment by Home Campus or Unit of University of Arkansas:

_____ Date: _____
Vice Chancellor for Finance or Unit Director

This form must be submitted to the appropriate campus office with proper approvals when making fee payment.

***Employees of the University System office, the Cooperative Extension Service, the Agricultural Experiment Stations, the UAMS Area Health Education Centers, and other widely dispersed units of the University shall designate one campus as the "employee's campus" for purposes of this policy.**