



**Spouse/Dependent Tuition Waiver Form
Undergraduate Courses Only**

NOTE: Employee must have been employed by the UA Little Rock for one complete fall or spring semester. Total tuition waiver must not exceed 132 total hours

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

Student's Name	Student ID T	Date
Relationship to Employee: [] Spouse [] Dependent (if dependent, please provide date of birth) (MM/DD/YY) / /		
Employee Name	UA – Little Rock Employee Start Date	Employer (Home Campus)
Employee Email Address	Employee ID T	Phone Number

Per IRS regulations, dependents **cannot be 24 years old or turn 24 years old at any time during the calendar year** you are requesting the tuition waiver. Certain exceptions may apply if your dependent is over 24. Please refer to the IRS regulations for those exceptions.

Major/Program	Degree Sought	Total Undergraduate Hours Completed to Date
Semester Term	Academic Year (2017, etc.)	Campus Attending (UALR, UAF)

By signing below, I certify that I am eligible under existing university policy for the tuition waiver requested	
Student's Signature	Date

I certify that the above student is my spouse or dependent child as defined by the Internal Revenue Service. A dependent child per the IRS is a full-time student under the age of 24 for the entire calendar year in which the waiver is requested or if the student is permanently or totally disabled. I agree to furnish documentation in support of the validity of the above statements, including, if requested, 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 on 100% appointment and that I have been employed by the UA Little Rock for one complete fall or spring semester. I certify that the above student has not registered for 132 hours at the discounted rate. I certify that I have read and agree to the specifications listed in Board Policy 440.1 and UA Little Rock Policy 302.7.

I understand that if I fail to complete this form and pay the remaining balance due on the student's account by the tuition and fee due date that I will be subjected to late fees.

Employee's Signature	Date
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I certify that the employee listed above is full-time (100% appointment) and is eligible for this tuition waiver	
Employment Verification	Date