

UNIVERSITY OF CENTRAL ARKANSAS
FACULTY AND STAFF TUITION AND FEE WAIVER

Due Dates: Fall Tuition – August 31
Spring Tuition – January 15
May Intersession/Summer Tuition – May 1st

Submit by Date indicated to Human Resources, Wingo 106

To ensure timely processing, submit application according to due dates outlined above. The student should be pre-enrolled when application is submitted. The total aid provided by this discount when combined with total general registration and mandatory fee aid provided by any other university-sponsored tuition scholarships or other university waiver, fee reduction, or discount shall not exceed 100% of general registration and mandatory fees.

Employee Name: _____ Employee ID # _____ Date Hired: _____

This application is for: (Check One)

____ Employee: Attach academic schedule as well as work schedule. Undergraduate ___ Graduate ___ Student ID# _____

____ *Employee's Spouse: Name: _____ Undergraduate ___ Graduate ___ Student ID# _____

____ *Employee's Child: Name: _____ Student ID# _____ Date of Birth: _____

For: (enter term here) _____ semester of (enter year here) _____ (Applicant must turn in a separate form for each term.)

***For spouse/dependent waiver, EVERY TERM please provide a copy of the front page of your most current Federal Tax Return (income information may be suppressed).**

In cases where the child is not listed as a dependent on your tax return, you may provide a legal document (i.e. divorce decree).

I understand that in accordance with UCA Board Policy, *my child must meet the IRS definition either of a dependent child or of a qualifying relative (eligible to be claimed as a dependent for federal tax purposes). *UCA Board Policy defines children as the unmarried children of benefits-eligible employees or the unmarried dependents for whom the employee is the legal guardian, who are under age 25 and who may be claimed as dependents for federal tax purposes by that employee. An employee may receive a fee waiver for a child meeting the aforementioned definition of children through and including the semester in which the child turns age 25.

For Child Fee Waiver: This is my (check one) child _____ stepchild _____.
For over half the year this child (check one) lives with me _____ does not live with me _____.
As a dependent on my income tax return (check one) I claim this child _____ I do not claim this child _____.

I certify by my signature below that _____ (child) will be eligible to be claimed as a dependent on my federal income tax return for the year of the fee remission.

I understand that if I separate from the University I am obligated to pay the pro-rata portion of the tuition remission represented by the remaining part of the semester following my separation. I further understand that if a child or spouse receiving undergraduate fee remission moves from a dependent or eligible status during a term, I am required to notify the Office of Human Resources and will be required to pay a pro-rata portion of the fee represented by the remaining part of the semester following that change. I understand that under federal regulations this is a taxable benefit and will be taxed accordingly.

Employee Signature: _____ Date: _____

Department Head Approval: _____ Date: _____

(Not Required for Spouse/Child Application)