

ARKANSAS STATE UNIVERSITY-NEWPORT

Dependent Education Benefits Discount Approval Form

Employee Name: _____

Department: _____

University Offering Class (check one): ASU-J____ ASU-B____ ASU-H____ ASU-N____
ASU-MH____ East Ark____ Mid South____ MCCC____

I am a full-time employee of Arkansas State University-Newport and hereby request a dependent discount for the student listed below. I certify that this student is legally my dependent and meets all of the requirements of such.

Employee Signature: _____

Telephone: _____

Dependent Name: _____

Relationship to Employee: _____

Student ID Number: _____

Undergrad ____ Year: _____ Spring____ Fall____ *Summer I____ *Summer II____

Interim____

Graduate ____ Year: _____ Spring____ Fall____ *Summer I____ *Summer II____

Interim____

Concurrent ____ Year: _____ Spring____ Fall____ *Summer I____ *Summer II____

Interim____

Is the dependent a recipient of a graduate assistantship? (circle one) yes no

Is the dependent married (circle one and initial) Y N _____.

I certify that the person signing this form is an employee at ASU-Newport.

Human Resources: _____ Date: _____

For Business Office Use Only:

Tuition Discount \$'s _____ Fee Discount \$'s _____

A Separate Form is Required for each Semester