Arkansas State University System

Education Benefits Approval Form for Employee Discount

(Complete Online Only - Fields highlighted in red are REQUIRED)

Employee Name	ASU ID	Employee Status:
		Retired
Email Address	Phone	Disabled
Campus of Employment	Department	Deceased
Campus that will bill for the course(s)		
Note: Henderson State University employees and dependents are not eligible for tuition discounts at other ASU System campuses at this time. I am a full-time employee of Arkansas State University 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 a dependent as defined by the IRS.*		
Dependent Name	ASU ID	
Relationship to Employee	Date of Birth	
Is the dependent a recipient of a graduate as	sistantship? Yes	No
Are courses related to the Pathfinder program	n? Yes No	
Student Classification T	erm	Year
Employee Signature Date Note: Dependent graduate school tuition and fee discounts are taxable income to the employee and will result in additional withholding for Federal, State, and FICA taxes from one or more of your A-State paychecks.		
I certify that the employee named above is e	ligible to receive the depende	ent tuition discount.
Office of Human Resources	Date	
*Proof of dependency and proof of age mu	ist be attached for processing	
Examples of Dependency Proof: Photocopy of prior year 1040 tax r Photocopy of court ordered deper Proof of guardianship Examples of Proof of Age: Photocopy of Dependent's Driver': Photocopy of Dependent's birth co Photocopy of ID Card issued by go	dency S License	e of birth

(Please note: A separate form must be submitted each term for discount.)