

Arkansas State University – Mountain Home

Education Benefits Approval Form

Side A: Complete this side for Employee Education Discount

Employee Name: _____ SS#: _____-_____-_____

Department: _____

Campus Location where attending classes (circle one):

Main Campus ASU-Beebe ASU-Mountain Home Mid-South
MCCC East Ark ASU-Newport ASU-Heber Springs

I am a full-time employee of Arkansas State University (or other approved institution) and hereby request approval to enroll in the following course(s). I understand that I may not take more than one course during my normal work schedule. To the best of my knowledge, taking these classes will not interfere with the performance of my job duties.

Undergrad _____ Year of Graduation: _____ Spring _____
Graduate _____ Fall _____
*Summer I _____
*Summer II _____
Interim _____

(*Vacation Leave required; attach copy of approved request)

Name of Course(s)	Hours	Class Time & Day(s) of Week
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee Signature: _____ Phone: _____

NOTE: Employees who receive the tuition discount will have any university-sponsored scholarships adjusted accordingly. Employees who choose to accept a full-fee grant-in-aid (including Pell grants) will be charged the regular tuition.

SUPERVISOR APPROVAL

- I approve the class scheduled during the above employee's work hours.
- I have consulted with the above employee about their class schedule.

Supervisor Signature: _____ Date: _____

Title: _____ Dept: _____

I certify that _____ is a full-time employee of ASUMH.

Vice Chancellor for Administrative Affairs Signature: _____

Arkansas State University – Mountain Home

Education Benefits Approval Form

Side B: Complete this side for Dependent Education Discount

Employee Name: _____ SS#: ____ - ____ - ____

Department: _____

Campus Location where attending classes (circle one):

Main Campus	ASU-Beebe	ASU-Mountain Home	Mid South
MCCC	East Ark	ASU-Newport	ASU-Heber Springs

I am a full-time employee of Arkansas State University (or other approved institution) 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. * **NOTE: Proof of dependency and age must be attached (see below).**

Dependent Name: _____ S.S. #: ____ - ____ - ____

Relationship to Employee: _____ D.O.B. _____

Is the dependent a recipient of a graduate assistantship? (circle one) Yes No

Undergrad _____	Year of Graduation: _____	Spring _____
Graduate _____		Fall _____
		Summer I _____
		Summer II _____
		Interim _____

Name of Course(s)	Hours	Class Time & Day(s) of Week

Employee Signature: _____ Phone: _____

NOTE: Employees who receive the tuition discount will have any university-sponsored scholarships adjusted accordingly. Employees who choose to accept a full-fee grant-in-aid (including Pell grants) will be charged the regular tuition.

I certify that _____ is a full-time employee of ASUMH.

Vice Chancellor for Administrative Affairs

Date

***Proof of dependency and proof of age must be attached for processing.**

Examples of Dependency Proof:

- Photocopy of prior year 1040 tax return (top portion only)
- Photocopy of court ordered dependency
- Proof of guardianship

Examples of Proof of Age:

- Photocopy of Dependent's Drivers License
- Photocopy of Dependent's birth certificate
- Photocopy of ID Card issued by government agency with name and date of birth