

Arkansas State University System
Education Benefits Approval Form for Dependent Discount

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

Employee Name _____

ASU ID _____

Employee Status:

Active

Email Address _____

Phone _____

Retired

Disabled

Campus of Employment

Department _____

Deceased

Choose Campus where your dependent will be billed for the course(s):

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 assistantship? Yes No

Student Classification Year _____

Term

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 ASU paychecks.

I certify that _____ is a full-time employee of Arkansas State University.

Office of Human Resources

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

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