

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:**
 Active
Email Address _____ **Phone** _____ Retired
 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.

Program of Study _____

Student Classification **Term** **Year** _____

*** Summer courses - 2 hours of vacation leave required per course per day.**

On-line course and no vacation leave required.

| Name of Course(s) | Hours | Course Time / Days of Week |
|-------------------|-------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I have completed the Professional Development Plan.

I am a full-time employee of Arkansas State University and hereby request approval to enroll in the following course(s). I understand that I may not take more than 3-semester hours during my normal work schedule. To the best of my knowledge, taking these course(s) will not interfere with the performance of my job duties.

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.

Supervisor Approval

I approve of the course(s) scheduled during the above employee's work hours.

Supervisor Signature _____ **Date** _____

Title _____ **Department** _____

I certify that the employee named above is eligible to receive the tuition discount.

Office of Human Resources _____
Date