

Arkansas State University System
Education Benefits Approval Form for Employee Discount
(Complete Online Only)

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)

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
Are courses related to the Pathfinder program? Yes No
Student Classification **Term** **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 eligible to receive the dependent tuition discount.

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.)