

# Staff & Staff Dependent Rates

**Applies to:** Lawrence/Edwards Campus and eligible KU Medical Center employees

**Frequency:** This form must be submitted every semester and received by the Office of the Registrar by the deadline: October 1 (Fall), March 1 (Spring), and July 1 (Summer)

1. This application is for (Check ONE only):  Fall semester \_\_\_\_\_ (year)  Spring semester \_\_\_\_\_ (year)  Summer session \_\_\_\_\_ (year)

2. \_\_\_\_\_  
 Student's Last Name                      First Name and MI                      Student Number                      Phone Number                      Student Email Address

\_\_\_\_\_  
 Relationship of student to staff member                      Staff member's Last Name                      Staff member's First Name and MI

**3. Statement of Understanding:** In the event that eligibility for the Staff Fee Adjustment is terminated before the last day of the applicable term or is otherwise found invalid, tuition and fees for the student will be reassessed for the entire term at appropriate non-staff rates. Warning: Withdrawal from the University of Kansas will in almost ALL cases result in termination of employment for GRAs and will in almost ALL cases result in the student being obligated to pay additional tuition and fees as the result of reassessment to appropriate non-staff rates.

I have read the Statement of Understanding. \_\_\_\_\_  
 Signature of Student                      Signature of staff member (if student is a dependent)                      Date

4. Check ONE only	Group	Appointment Percentage	Benefit
<input type="checkbox"/>	KU or Kansas Board of Regents University staff member	40-100 %	Allows student to pay tuition equivalent to in-state rates and waives campus fees
<input type="checkbox"/>	Dependent of KU or Kansas Board of Regents University staff member	100%	Allows dependent to pay tuition equivalent to in-state rates
<input type="checkbox"/>	<u>Affiliated Corporation</u> KU Alumni Association Kansas and Burge Memorial Unions Kansas Athletics Corporation KU Endowment Association University of Kansas Hospital Authority  *Dependents of affiliated corporation staff are not eligible for staff dependent waivers	100%	This benefit waives campus fees
<input type="checkbox"/>	Graduate Research Assistant (GRA)	40-99%	Allows GRA to pay tuition equivalent to in-state rates
<input type="checkbox"/>	Graduate Teaching Assistant (GTA) *summer term only	N/A	Allows GTA to pay tuition equivalent to in-state rates (must have been a GTA for the previous fall and spring semesters)

The following section must be completed by the departmental representative:

5. \_\_\_\_\_  
 Department Name                      Position Title                      Appointment Percentage                      Employment Start Date                      Employment End Date

6. I certify that the appointment information is true and accurate.

\_\_\_\_\_  
 Printed Name of Departmental Representative                      Signature of Departmental Representative                      Departmental Representative Phone No.                      Date

**RETURN TO: The University of Kansas**  
 Office of the University Registrar  
 1450 Jayhawk Blvd.  
 Rm 151 Strong Hall  
 Lawrence, KS 66045-7535  
 Phone: 785-864-4423  
 Fax: 785-864-3900  
 Email: assessment@ku.edu

**The University of Kansas Edwards Campus**  
 Regents Center Reception Desk  
 12600 Quivira Rd.  
 Overland Park, KS 66213

<p><i>For office use only:</i></p> <p>Date received: _____</p> <p>Date applied: _____</p>
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