Please refer to the regulations regarding qualifications for this fee privilege online at www.registrar.ku.edu/residency

STAFF DEPENDENT

The University of Kansas - Lawrence Campus and Edwards Campus

Submit this form each semester to the Assistant Registrar, 151 Strong Hall, Lawrence Campus, or at the Edwards Campus. Consult the Tuition and Fees information in the Timetable of Classes, http://www.timetable.ku.edu for an explanation of benefits, eligibility requirements, and applicable deadlines.

1. _____

Student's Last Name, First and Middle | Student Number | Last four digits of Social Security Number

2. **This is an application for: STAFF DEPENDENT RATES for the student named above who is the spouse or dependent child of the staff member whose salaried appointments total: [ ] 40 - 99 % of full time*. [ ] 100% of full time.**
*Exceptions will be made for dependents of part-time staff (40-99% appointment) who were eligible as of March 6, 1998 and who remain continuously employed in an eligible position.

_____ _____ _____

Relationship of Student to Staff Member | Staff Member's Last Name, First, M | Social Security Number

3. **This application is for** (Check ONE only)

[ ] Fall semester,_____(year) [ ] Spring semester, _____(year) [ ] Summer session, _____(year)

4. **Statement of Understanding:** In the event that eligibility for Staff Rates is terminated before the last day of the applicable term or is otherwise found invalid, tuition and fees for the staff member and/or staff dependent(s) will be reassessed for the entire term at appropriate non-staff/staff-dependent rates. **Warning:** Withdrawal from the University will in almost ALL cases result in termination of employment for GTA/GRAs and will in almost ALL cases result in the student becoming obligated to pay additional tuition and fees as the result of reassessment to appropriate non-staff rates.

5. **I have read the Statement of Understanding above. I certify that the information I have given above is true and accurate.**

_____ _____ _____

Signature of Student | Date | Signature of Staff Member if Student is a Dependent

Before submitting, the following section must be completed in full verifying the appointment of the staff member
by the person authorized to sign the HRIS Appointment Record (or equivalent hiring document).

List all of the appointments the Staff Member has (or will have) as necessary to meet the eligibility criteria for the term indicated above in item 3.

Department Name	Dept Number	Position Title	Appointment Percentage	Appointment Start Date	Appointment End Date

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

_____ _____ _____ _____

Signature of Departmental Representative | Date | Signature of other Departmental Representative if staff member has appointments with two depts. | Date

_____ _____

Phone number of Departmental Representative | Phone number of other Departmental Representative

RETURN TO: University Registrar-University of Kansas, 1450 Jayhawk Blvd, Room 151 Strong Hall, Lawrence, KS 66045-7535

Revised 5/15/2008