

Staff & Staff Dependent Rates

This form must be submitted every semester and received by the Office of the Registrar by the deadline: 30 days after the first day of classes for the semester you are applying.

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"/>	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"/>	Affiliated Corporation KU Alumni Association Kansas and Burge Memorial Unions Kansas Athletics Corporation KU Endowment Association University of Kansas Hospital Authority <i>*Dependents of affiliated corporation staff are not eligible for staff dependent waivers</i>	100%	This benefit waives campus fees
<input type="checkbox"/>	KUMC Employees	100%	Waives campus fees and adjusts tuition equivalent to in-state rates

****The following groups do not need to submit a form: KU or Kansas Board of Regents University staff members, Graduate Research Assistants (GRA), Graduate Teaching Assistants (GTA) and Graduate Assistants (GAs). The process for applying staff rates for these populations is automated.****

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 FORM TO THE OFFICE OF THE UNIVERSITY REGISTRAR IN ONE OF THE FOLLOWING WAYS:

Email: registrar@ku.edu

Drop off locations: KU Visitor Center, 1502 Iowa St, or the Regents Center Reception Desk, Regents Center, KU Edwards Campus Fax: 785-864-3900

Mail: Office of the University Registrar, University of Kansas, 1502 Iowa St. Lawrence, KS. 66045