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: 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
   □ 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
   □ Dependent of KU or Kansas Board of Regents University staff member  100 %  Allows dependent to pay tuition equivalent to in-state rates
   □ Affiliated Corporation  100 %  This benefit waives campus fees
      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
   □ Graduate Research Assistant (GRA)  40-99 %  Allows GRA to pay tuition equivalent to in-state rates
      *summer term only
   □ Graduate Teaching Assistant (GTA)  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 121 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

For office use only:

Date received: __________________
Date applied: __________________

Please refer to the Staff & Staff Dependent Tuition Rates and the Benefits for GTA/GRAs policies at http://www.policy.ku.edu

Revised: July 6, 2012