

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 (Select ONE on Fall Semester (year) Spring Semester (year) Summer Session (year)	ly):				
2.					
2 Student's Last Name	First Name and MI	Student Number	Phone Number	Student Email Addres	8
Relationship of student to staff	member Staff member's Last Name	e Staff member's First Nam	e and MI		
student will be reassessed for the entir	ne event that eligibility for the Staff Fee Adjus e term at appropriate non-staff rates. Warning: the student being obligated to pay additional	: Withdrawal from the University of Kar	sas will in almost ALL cases resul	lt in termination of employment for	
I have read the Statement of Unders	standingSignature of Studen	signature of staff memb	er (if student is a dependent)	Date	
4. Check ONE Only	Signature of Studen	it Signature of start monit	er (fi student is a dependent)	Date	
Affi KU **The following groups do not Graduate Assistants (GAs). Th	liated Corporation* (KU Alumni Association, Ka *Dependents of affiliated c Appointment Percentage: 1 Benefit: This benefit waive MC Employees Appointment Percentage: 1	0% o pay tuition equivalent to in-state rates ansas and Burge Memorial Unions, Kansa orporation staff are not eligible for staff 00% es campus fees .00% es and adjust tuition equivalent to in-sta rd of Regents University staff member	dependent waivers		-
5 Department Nam	e Position Title	Appointment Percentage	Employment Start Date	Employment End Date	
6. I certify that the appointment inf	ormation is true and accurate.				
Email: <u>registrar@ku.edu</u> Drop off locations: 1502 Buildi	ental Representative Sign THE UNIVERSITY REGISTRAR IN ONE ng, 1502 Iowa St, or the Regents Center Re Registrar, University of Kansas, 1502 Iowa	eception Desk, Regents Center, KU Ed	Departmental Representative wards Campus Fax: 785-864-39		