

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.

	nester (year)					
Summer	Session (year)					
Stu	udent's Last Name	First Name and MI	Student Number	Phone Number	Student Email Address	3
Relationship	o of student to staff member	Staff member's Last Name	Staff member's First Name and	d MI		
	Ö	eligibility for the Staff Fee Adjustment	•	**	*	
		opriate non-staff rates. Warning: Without	•		n termination of employment for (GRAs
nd will in almost A	ALL cases result in the student b	eing obligated to pay additional tuition	and fees as the result of reassessment	to appropriate non-staff rates.		
have read the Sta	atement of Understanding					
		Signature of Student	Signature of staff member (i	f student is a dependent)	Date	
Check ONE Onl	lv					
	Dependent of KU	or Kansas Board of Regents University S	taff Member			
		Appointment Percentage: 100%				
	A 071: 4 1 C	Benefit: Allows dependent to pay tu	ution equivalent to in-state rates	lation of White i	A CIZ	TT '- 1 A
	Affiliated Corpora	tion* (KU Alumni Association, Kansas a	nd Burge Memorial Unions, Kansas Ath ation staff are not eligible for staff depo		nt Association, University of Kansas	s Hospital A
		Appointment Percentage: 100%	ttion stajj are not etigible jor stajj aepo	enaent watvers		
		Benefit: This benefit waives camp	nus fees			
	KUMC Employe		ous rees			
	Reivie Employe	Appointment Percentage: 100%				
			adjust tuition equivalent to in-state rat	es		
		•	•			
**The follow	ing groups do not need to subr	nit a form: KU or Kansas Board of R	egents University staff members, G	raduate Research Assistants (C	GRA), Graduate Teaching Assis	tants (GTA
		applying staff rates for these popular	ations is automated.**			
ne jouowing secu	ion must be completed by the de	partmentai representative:				
·	D (1)	D. W. Wid		F. I. G. D.	E I E I D	
	Department Name	Position Title	Appointment Percentage	Employment Start Date	Employment End Date	
. I certify that the	e appointment information is t	rue and accurate.				
	Name of Departmental Represen	C:	of Departmental Representative	Departmental Representative Ph	one No. Date	
Dain 4 - 1						

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

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