KU UNIVERSITY REGISTRAR
The University of Kansas

Staff Rates

This form is for KUMC or Affiliate Staff only. Qualifying KULC staff are exempt from this requirement and do not need to submit a form to request it.
This form is required every semester. It must be received by the Office of the University Registrar within 30 days of the first day of classes for the requested semester.

1. This application is for (Select 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

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 | Date

4. Check ONE Only

☐ KUMC Employees
Appointment Percentage: 100%
Benefit: Waives campus fees and adjusts tuition to the in-state rate for eligible staff.

☐ Affiliated Corporation* (KU Alumni Association, Kansas and Burge Memorial Unions, Kansas Athletics Corporation, KU Endowment Association, University of Kansas Hospital Authority)
Appointment Percentage: 100%
Benefit: Waives campus fees for eligible staff.

****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
Fax: 785-864-3900
Drop off locations: 1502 Building, 1502 Iowa St, or the Regents Center Reception Desk, Regents Center, KU Edwards Campus
Mail: Office of the University Registrar, University of Kansas, 1502 Iowa St. Lawrence, KS. 66045

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