



UNIVERSITY OF KENTUCKY

Family Education Program (FEP) Form

For Office Use Only:	
Code	_____
\$	_____
Date/Initials	_____

DEPENDENT INFORMATION

Last Name _____ First Name _____ M.I. _____

SS# _____ - _____ - _____ UK Student ID# _____ DOB ____/____/____

Contact # (____) _____ - _____ Email _____

Relationship to Employee: Spouse Partner Dependent Partner Dependent

EMPLOYEE INFORMATION

Last Name _____ First Name _____ M.I. _____

Employee ID# _____ Regular Full-time Hire Date ____/____/____

Contact # (____) _____ - _____ Email _____

Department _____ Department Name _____

ANTICIPATED ENROLLMENT PLAN

(For financial aid purposes please list planned undergraduate course information or total hours taking if known, for each semester for current academic year)

Academic Year _____

FALL	WINTER	SPRING	SUMMER I	SUMMER II
<u>Course Name/Number/Section/HRS</u>	<u>Course Name/Number/Section/HRS</u>	<u>Course Name/Number/Section/HRS</u>	<u>Course Name/Number/Section/HRS</u>	<u>Course Name/Number/Section/HRS</u>
<i>(Example-SOC 101-001-3hrs)</i>		<i>(Example-taking total 12 hrs)</i>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Dependent)

I certify that I meet the eligibility requirements as stated forth by the University of Kentucky FEP Policy (HR Policy 51). I also understand that receipt of this discount may result in a reduction of the amount of Financial Aid that I am eligible to receive, as indicated in my Financial Aid Award Packet.

(Dependent Signature) _____
(Date)

(Employee)

I certify that the above noted person is my eligible spouse/partner/dependent as described in the universities FEP Policy. I understand that I am not eligible to apply for a tuition waiver (EEP) during the same semester that my approved family member participates in the FEP Program, either with this institution or a combination of institutions and that the above information is true and correct to the best of my knowledge.

(Employee Signature) _____
(Date)