

University of Kentucky, Family Education Program (FEP) Form

COMPLETED FORMS MAY BE SUBMITTED VIA FAX AT (859) 323-8494 or IN PERSON AT SCOVELL HALL. FOR QUESTIONS REGARDING YOUR FORM PLEASE CALL (859) 257-8772.

DEPENDENT INFORMATION

Last Name _____ First Name _____ M.I. _____

SS# _____ - _____ - _____ UK Student ID# _____

DOB _____ / _____ / _____

Contact # (_____) _____ - _____ Email _____

Relationship to Employee:

Spouse Child Sponsored Dependent Child of Sponsored Dependent

EMPLOYEE INFORMATION
(Complete EE # 2 info if combined discount eligible)

Employee #1 – Name _____

EE ID# _____ Hire Date _____ / _____ / _____

Position # _____ Org Unit _____ Faculty / Staff (Please circle one)

Work # (_____) _____ - _____ Cell # (_____) _____ - _____

Employee #2 – Name _____

EE ID# _____ Hire Date _____ / _____ / _____

Position # _____ Org Unit _____ Faculty / Staff (Please circle one)

Work # (_____) _____ - _____ Cell # (_____) _____ - _____

ANTICIPATED ENROLLMENT PLAN FOR ACADEMIC YEAR (_____)

(For financial aid purposes please list planned undergraduate course information or total hours taking if known, for each semester for current academic year. Please complete a new form each semester once registration is completed in order to provide accurate class information, or if amending class schedule.)

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. I also understand that if I am on academic probation I will not be eligible to receive the discount until the next semester after which I obtain good academic standing.

(Dependent Signature)

(Date)

(Employee)

I certify that the above noted person is my eligible spouse/child/sponsored dependent/child of sponsored 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 #1 Signature)

(Date)

(Employee # 2 Signature)

(Date)

For Office Use Only:

Code _____

Disc. % EE #1 _____ Disc. % EE # 2 _____

Amt of Disc: (EE # 1) \$ _____ (EE # 2) \$ _____

Total Disc: \$ _____

Date _____ Initials _____