

# 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.)*

<b>FALL</b>	<b>WINTER</b>	<b>SPRING</b>	<b>SUMMER I</b>	<b>SUMMER II</b>
<b><u>Course Name/Number/Section/HRS</u></b>	<b><u>Course Name/Number/Section/HRS</u></b>	<b><u>Course Name/Number/Section/HRS</u></b>	<b><u>Course Name/Number/Section/HRS</u></b>	<b><u>Course Name/Number/Section/HRS</u></b>
<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 \_\_\_\_\_