

University of Kentucky. Family Education Program (FEP) Form

If you would like more information, please visit us online at: <http://www.uky.edu/hr/benefits/more-great-benefits/employee-family-education-program>
Completed forms may be submitted via fax at (859) 323-8494, via email at edubenefits@uky.edu, or in person at Scovell Hall. If you have any questions regarding this form please call (859) 257-8772 or e-mail HR Education Benefits at edubenefits@uky.edu

Student Information:

Student Last Name _____ Student First Name _____ Birth Date(MM/DD/YYYY) _____

UK Student ID # _____ SSN _____ UK Email _____

Student Relationship to Employee: Dependent Child Spouse Sponsored Dependent Child of Sponsored Dependent

Course Information: (only 1 semester per form)

Year _____ Term: Fall Winter Spring Summer I Summer II Credit Hours for Semester: _____

Employee #1 Information.

Employee Last Name _____ Employee First Name _____ MI _____

Employee ID # _____ Hire Date _____ Employee Group: Faculty Staff

UK Email _____ Phone Number _____

Employee #2 Information.

Employee Last Name _____ Employee First Name _____ MI _____

Employee ID # _____ Hire Date _____ Employee Group: Faculty Staff

UK Email _____ Phone Number _____

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 _____

I certify that the above noted person is my eligible spouse/dependent child/sponsored dependent/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. Only one dependent can participate in the FEP Program in a semester. As the employee, I may be subject to taxation of this benefit in accordance with IRS regulations.

Employee #1 Signature _____ Date _____ Employee #2 Signature _____ Date _____

* The Family Education Program discount is only applicable toward **undergraduate level education at UK** and cannot be applied toward tuition at any other institution

* Classes must be taken for a grade. Audited classes are not eligible. The student must be in good academic standing.

* **Documentation is required to establish relationship.** (For example, a birth certificate for a child or marriage certificate for a spouse).

* A new form must be submitted every semester.

* A Dependent child that will reach age 24 during the calendar year must meet the "IRS relationship" test in accordance with [IRS Publication 501](#).

For Office Use Only. Do not write below this line.

Student ID _____ FEP Elig. Tuition _____

EE#1 Discount Rate _____ EE#2 Discount Rate _____ Student Aid ID _____

EE#1 Discount Amt. _____ EE#2 Discount Amt. _____ Total Discount Amt. _____

Current Date _____ Approval Signature _____ Date _____