

If you would like more Information, please visit us on line at hr.uky.edu/benefits/tuition-assistance-programs. Completed forms may be submitted via fax at 859-323-8494, via email address below. If you have any questions regarding this form, please call 859-257-8772 or e-mail HR Education Benefits at edubenefits@uky.edu.

☐ Amended

Student Information

Last name _____ First name _____ Date of Birth (MM/DD/YYYY) _____

UK Student ID # _____ UK Email address _____

Phone _____ Please select one: ☐ UK ☐ CKMS ☐ ESH ☐ KCTCS

Student relationship to employee: ☐ Dependent Child ☐ Spouse ☐ Sponsored Dependent ☐ Child of Sponsored Dependent

Course Information (only 1 per semester per form) ☐ UK ☐ CKMS ☐ ESH ☐ KCTCS

Year _____ Term: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Credit hours for Semester: _____

Employee #1 Information

Last name _____ First name _____

Employee ID # _____

Phone _____ Email address _____

Employee #2 Information

Last name _____ First name _____

Employee ID # _____

Phone _____ Email address _____

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. **NOTE: Only need to provide information once.**

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 or a child or marriage-certificate for a spouse). **Only need to provide once.**
- **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 _____ Student Aid ID _____

EEE#1 Discount Rate _____ EEE#2 Discount Rate _____ Total Discount Amount _____

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

Current Date _____ Approval Signature _____ Date _____