APPLICATION FOR STAFF OR STAFF DEPENDENT TUITION RATES
(For Faculty, Classified, and Unclassified Staff)
K.A.R. 88-3-9 Institutional Personnel

THE UNIVERISTY OF KANSAS MEDICAL CENTER

SUBMIT THIS FORM EACH TERM TO THE OFFICE OF THE REGISTRAR. Eligible students can receive staff rates by submitting a completed application to the KUMC Office of the Registrar, Mail Stop 4029, 3901 Rainbow Blvd., Kansas City, KS 66160. For an **explanation of benefits and eligibility requirements**, see the KUMC Office of the Registrar website. Staff members must have the eligible position start no later than the first, full month of the semester and continuing through the 60th day of the semester. **Summer**: Staff member must have the eligible position start not later than the first day of the summer session and continuing through the 30th class day of the summer session, or have met the eligibility criteria for the preceding Fall and Spring Semesters. **Each semester, the last day to apply for staff or staff dependent tuition rates can be found on the KUMC Office of the Registrar website**

1. _____ _____ _____
   Student's Name – Last, First, Middle KUID # Social Security Number

2. THIS IS AN APPLICATION FOR (Check ONE ONLY)

   ( ) STAFF RATES FOR THE STUDENT NAMED ABOVE WHOSE SALARIED APPOINTMENTS TOTAL
   ( ) 40 – 99 % of Full Time ( ) 100 % of Full Time

   ( ) STAFF DEPENDENT RATES for the student named above who is the spouse or dependent child of the following STAFF MEMBER.

   _____ _____
   Relationship of Student to Staff Member Staff Member's Name – Last, First, Middle

   _____
   Staff Member's Social Security Number

3. THIS APPLICATION IS FOR (Check **ONE):** ( ) Fall 20__ ( ) Spring 20__ ( ) Summer 20__

4. STATEMENTS OF UNDERSTANDING: In the event that eligibility for Staff rates is terminated before the last day of the applicable term or is otherwise found invalid, tuition and fees for the staff member will be assessed for the entire term at appropriate non-staff rates. **WARNING**: Termination of employment will, in almost ALL cases, result in the student becoming obligated to pay additional tuition and fees as the result of reassessment to appropriate non-staff rates. NOTICE: Employees with the position title Resident, Fellow or Student Assistant are NOT ELIGIBLE for staff tuition rates.

5. I HAVE READ THE STATEMENT OF UNDERSTANDING ABOVE. I CERTIFY THAT THE INFORMATION I HAVE GIVEN ABOVE IS TRUE AND ACCURATE. I WILL NOTIFY THE OFFICE OF THE REGISTRAR IN THE EVENT THAT I BECOME INELIGIBLE FOR STAFF RATES.

_____ _____ _____
Signature of Student Date Signature of Staff Member if student is Dependent

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TO BE COMPLETED BY DEPARTMENTAL SUPERVISOR
Please indicate all data according to how the above student's position is recorded in PeopleSoft HR

❒ Classified ❒ Faculty ❒ Unclassified ❒ None of the Above

Job Code _____ % FTE _____ Job Title _____

Start Date _____ Department _____

Departmental Supervisor (sign and print name) _____

Registrar Verification:

Date: Registrar Representative: