University of NORTH ALABAMA
HISTORY IN THE MAKING

APPLICATION FOR REMISSION OF COURSE HOUR FEES

for DEPENDENT CHILDREN OF FACULTY, STAFF, & RETIREES

SECTION I: EMPLOYEE DATA

Name of Employee: _____
Last Name *First* *Middle*

Department: _____

Position Title: _____

Date of Continuous Full-Time Employment: _____ **UNA Box Number:** ____ ____ ____ ____

SECTION II: DEPENDENT CHILD DATA

Name of Dependent Child: _____
Last Name *First* *Middle*

Dependent Child's Date of Birth: _____

Is the child married? Choose One **Is the child:** Choose One

If stepchild or adopted child, list the effective date: _____

Was the child claimed as a dependent on your latest Federal Income Tax Form? Choose One

If no above, state the reason: _____

Has the dependent child graduated from a four-year degree granting institution? Choose One

Is the dependent child enrolled in the UNA Early Scholar Program? Choose One

Has the dependent child been admitted to the University? Choose One

SECTION III: EMPLOYEE CERTIFICATION

I hereby make application for enrollment of my dependent child in undergraduate courses under the University of North Alabama Remission of Course Hour Fees Policy for the academic year Choose One **for the** Choose One **semester.**
(Only one semester per form permitted.)

Print Form

I certify that I have read and understand the instructions on the attached instruction sheet. I further certify, to the best of my knowledge, that the child named herein meets the eligibility requirements as listed on the instruction sheet and that the information provided on this form is true and correct. I will notify the Office of Human Resources & Affirmative Action of any event that will render my dependent child ineligible for remission of course hour fees under this application.

_____ _____
Signature of Employee Date

SECTION IV: OFFICE OF HUMAN RESOURCES AND AFFIRMATIVE ACTION USE ONLY

Dependent child qualifies for remission of course hour fees: ☐ **Yes** ☐ **No**

Employee notified of: ☐ **qualification** ☐ **non-qualification**

Added to Business Office's qualified list ☐

Comments: _____

_____

Received by Office of Human Resources and Affirmative Action on: