

University College Dublin STAFF FEE CONCESSION ~ application for STAFF MEMBER only

Personal	l Detail	ls
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. cisonai Betans							
Surname			First Name				
Phone No			Student No				
E-mail			Programme/ Year				
Employment Stat	us						
Personnel No:		Р					
	Date of Appoi		ntment	Hou	lours per Week		
Current Staff							
Retired							
Other/ Commen	its						
		•					
				Г	JCD		
Full-time permanent staff employed per – 1992 only - please					rcd		
Indicate university where registering:				-	JCC		
	•			ſ	NUIG		
	_			ſ	MIUN		
Applicant Declara	<u>ition/ Signa</u>	<u>ture</u>					
I confirm tha	at I am not on	Leave of Absence o	r a Career Break w	hile cla	aiming the	e concession.	
		Signature o	of Staff Member				
	Date						
To be complete b	y Head of S	chool/ Unit					
I confirm the informa	ation provided	d and approve of the	above-named clai	iming a	UCD Sta	ff Fee Concession.	
Name of Head of	School/ Un	it					
Signature of Head	d of School/	' Unit					
IMPORTANT NOT will be liable for I	_		alifying staff (pro	e-199	2) in oth	ner Universities	

Return To: student.records@ucd.ie

Policy: https://www.ucd.ie/registry/staff/registryservices/registration/studentrecords/stafffeeconcessions/

Please read and understand the Policy on Staff Fee Concession before completing this form.