



Tennessee Board of Regents Request for Fee Discount for Spouse and/or Dependent

This is to request approval for a fee discount for **undergraduate courses** in accordance with Tennessee Board of Regents Guideline P-130, Educational Assistance for Spouses and Dependent Children of Employees.

Instructions: Please complete Section I below and forward this form to your Personnel Office prior to registration for proper processing. If approved, the original and two (2) copies will be returned to you for use when registering. The original and one copy of this form must be presented by your spouse or dependent to the fees cashier at registration at the campus where enrolled.

Section 1: Employee Complete This Section

Employee name _____ SSN _____

Campus address _____

Employee's institution _____

Spouse/Dependent Information

Spouse/dependent name _____ SSN _____

Relationship: Spouse Dependent age _____ years

Institution to be attended _____ Quarter/semester _____

Employee Certification

I hereby certify that the above information is correct and that I am currently an employee at a TBR institution or area school. I also certify that I and my spouse or dependent meet the eligibility requirements for a fee discount in accordance with TBR Guideline P-130, Fee Discount for Spouses and Dependent Children of Employees. I understand that it is my responsibility to notify Human Resource Services of any change in my eligibility for this benefit.

I will notify the Financial Aid Office of any Title IV Financial Aid, as this benefit may require an adjustment of financial aid received. Title IV Aid includes national direct student loan, college work study, supplemental educational opportunity grants, Pell grants, and other student aid programs administered by the TBR or UT.

Signature _____ Date _____

Employee Retiree or Spouse Dependent of Deceased Employee

Section II-A: Human Resource Services Complete This Section

Date of regular employment _____ Percent full-time _____ Dept. of charge _____

Approved, Human Resource Services _____ Date _____

Section II-B: Business Office Complete This Section

Fee receipt _____ Amount _____

Date _____ Initials _____