

**TENNESSEE STATE UNIVERSITY  
REQUEST FOR FEE DISCOUNT FOR SPOUSE AND/OR DEPENDENT**

The following request is in accordance with Tennessee Board of Regents Guideline P-131, Educational Assistance for Spouses and/or Dependent Children of Employees.

**Instructions:** Please complete Sections I & II below which provide information concerning the employee and the spouse/dependent for which the fee discount is to be provided. (Employee refers to current employee, retiree, or deceased employee/retiree.) *This form must be approved by the Office of Human Resources and submitted to the respective Bursar's Office no later than the 14<sup>th</sup> day of the semester the form is submitted for.*

**I. Employee and Spouse/Dependent Information:**

Employee Name: \_\_\_\_\_ T# \_\_\_\_\_

Dept. FOAP: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Relationship: [ ] Spouse [ ] Dependent Child Age of Dependent: \_\_\_\_\_

Institution to be attended: \_\_\_\_\_ Semester: \_\_\_\_\_

**II. Eligibility Certification and Financial Aid Statement**

I hereby certify that the above information is correct. I also certify that I and my spouse dependent meet the eligibility requirements for a fee discount in accordance with TBR Guidelines P-131, Fee Discounts for Spouses and Dependent Children of Employees. I understand that it is my responsibility to notify the Office of Human Resources of any changes 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. I understand that Title IV Aid includes national direct student loan, college work study, supplement educational opportunity grants, Pell grants and other student aid programs administered by TBR or UT

\_\_\_\_\_  
Signature-Employee/Retiree/Spouse/Dependent of Deceased Employee \_\_\_\_\_  
Date

**III. Employee Institution:**

**A. Human Resources**

Date of Regular Employment: \_\_\_\_\_ % of Employment: \_\_\_\_\_

Date of Retirement/Death: \_\_\_\_\_

Approved: \_\_\_\_\_  
Director of Human Resources \_\_\_\_\_  
Date

**B. Business Office**

Fee Receipt: \_\_\_\_\_ Amount: \_\_\_\_\_