PUBLIC HIGHER EDUCATION FEE WAIVER

FOR EMPLOYEES OF STATE OF TENNESSEE

Higher Education Institution:			
Term: Fall Spring]Summer 🔲 🕻	Other Year:	
Employee/Applicant Information	า		
Full Name:			
Edison ID No.:		Phone No.:	
Addrass:			
		City, State, Zip Code:	
Employment by State of Tennes	see: Full-	Time Part-Time	
	☐ Em _l	oloyed by State for six continuous months or	more
Department:		Title:	
Work Location:City		Phone No.:	
information is true, correct, and	d that I am eligi I complete. If fol ge that I will	ve received a copy of the rules and regul ble under the rules; and that all of the lowing enrollment I am found to be ine be responsible for payment of all prev	above ligible
information is true, correct, and for this benefit, I acknowled waived fees plus any other appli	d that I am eligi I complete. If fol ge that I will icable charges.	ble under the rules; and that all of the lowing enrollment I am found to be ine be responsible for payment of all prev	above ligible
information is true, correct, and for this benefit, I acknowled waived fees plus any other appli	d that I am eligi I complete. If fol ge that I will icable charges.	ble under the rules; and that all of the lowing enrollment I am found to be ine be responsible for payment of all prev	above ligible
information is true, correct, and for this benefit, I acknowled waived fees plus any other applications: Employee Signature: EMPLOYER'S CERTIFICATION: I certify that the above named e	d that I am eligi I complete. If fol ge that I will icable charges.	ble under the rules; and that all of the lowing enrollment I am found to be ine be responsible for payment of all prev Date: ant is currently employed by the State of	above eligible viously
information is true, correct, and for this benefit, I acknowled waived fees plus any other applications: Employee Signature: EMPLOYER'S CERTIFICATION: I certify that the above named of the company of	employee/application at least six ment for at least four full-time State for at least four for at least for for at least fo	ble under the rules; and that all of the lowing enrollment I am found to be ine be responsible for payment of all prevented by the State of ant is currently employed by the State of anoths of continuous State service, is or scheduled to work 1600 or more hours employees, and to the best of my knowled required by this employer to work more hours each we required to the properties that the required by the required to	above eligible viously and dge is
information is true, correct, and for this benefit, I acknowled waived fees plus any other applications and the second se	employee/application at least six manual hours per year, of full-time State am. that the employee is remember for at least founded for only one (1) considered for only o	Date: Da	above eligible viously and dge is eek than
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information is true, correct, and for this benefit, I acknowled waived fees plus any other applications. Employee Signature: EMPLOYER'S CERTIFICATION: I certify that the above named of the certify that the above named of the certify that the above makes as described above we scheduled to work 1950 or more receiving all benefits provided to eligible for this fee waiver program by checking this box, I further certify typically required of full-time employ T.C.A. § 8-50-114 that the waiver be used the certify the certify the certify typically required of full-time employ T.C.A. § 8-50-114 that the waiver be used the certify the certification of	employee/applicate that I am eliging that I will icable charges. employee/applicate that I east six mandate that I east six mandate that the employee is mandate that the employee is mandate that the employee is mandated for only one (1) consider that the employee is mandated for only one (1) consider the employee is mandated for only one (1) consider that the employee is mandated for only one (1) considered for only o	ble under the rules; and that all of the lowing enrollment I am found to be ine be responsible for payment of all prevented by the State of continuous State service, is constructed by the State of my knowled to work 1600 or more hours employees, and to the best of my knowled required by this employer to work more hours each were (4) weeks per year, and is exempt from the required urse at a time. Date: Phone No.: City, State, Zip Code: nrolling higher education institution for process.	above eligible viously and dge is eek than ement in
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