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 14th 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 / Year:	
II. Eligibility Certification and Financial Aid <u>Statement</u>		

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			Date
III.	Employee Institution:		
A.	Human Resources		
Date	of Regular Employment:	% of Employment: _	
Date	of Retirement/Death:		
Appro	Director of Human Resources	Date	
B. B	usiness Office		
Fee R	leceipt:	Amount:	
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