

**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 prior to or no later than the last day of registration.**

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: _____