TENNESSEE BOARD OF REGENTS
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 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.) Upon completion, forward the form to the employee's home institution Office of Human Resources prior to registration.

I. Employee and Spouse/Dependent Information:

Employee Name: _____ Employer: _____

T number: _____ Spouse/Dependent Name: _____

Relationship: [□] Spouse [□] Dependent Child Age of dependent _____

Institution to be attended: _____ Quarter/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 or dependent meet the eligibility requirements for a fee discount in accordance with TBR Guideline 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 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. I understand that Title IV Aid includes national direct student loan, college work study, supplemental 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. Employing Institution:

A. Human Resources

Date of Regular Employment: _____ Percentage of Employment: _____ (50% Minimum)

Date of Retirement/Death: _____ Account # to charge (FOAP): _____

Approved: _____
Director of Human Resources Date

B. Business Office

Fee Receipt: _____ Amount: