PUBLIC HIGHER EDUCATION FEE WAIVER
FOR EMPLOYEES OF STATE OF TENNESSEE

Higher Education Institution_____

Term: ☐ Fall ☐ Spring ☐ Summer ☐ Other Year: 199_____

Employee/Applicant Name: _____

Social Security Number: _____-_____-_____ Phone No. ( ) _____

Address: _____

_____

Employment by State of Tennessee: ☐ Full-Time ☐ Part-Time

Department: _____

Work Location: _____ Phone No. ( ) _____
City

☐ Employed by State for six continuous months or more

☐ Employed by State for less than six continuous months

Under the penalties of perjury, I certify that I have received a copy of the rules and regulations for the fee waiver program, that I am eligible under the rules, and that all of the above information is true, correct, and complete. If following enrollment the employee is found to be ineligible for this benefit, the employee will be responsible for payment of all previously waived fees plus any other applicable charges.

Signature: _____ Date ____/___/____

EMPLOYER'S CERTIFICATION

I certify that the above named employee/applicant is currently employed by the State of Tennessee as described above, with at least six months of continuous State service, is scheduled to work 1,950 or more hours per year, and is eligible for this fee waiver program, to the best of my knowledge.

Signature: _____ Date ____/___/____

Title: _____ Phone No. ( ) _____

Address: _____

_____

INSTITUTION'S ACCEPTANCE

Eligible Fee Waiver Amount: $_____

Accepted By: _____ Date: ____/___/____