TENNESSEE BOARD OF REGENTS
REQUEST FOR FEE DISCOUNT FOR SPOUSE AND/OR DEPENDENT

This is to request approval for a fee discount for undergraduate courses in accordance with Tennessee Board of Regents Policy No. 5:01:04:50, Educational Assistance for Spouses and Dependent Children of Employees.

Instructions: Please complete Section I below and forward this form to your Personnel Office prior to registration for proper processing. If approved, the original and two copies will be returned to you for use when registering. The original and one copy of this form must be presented by your spouse or dependent to the fees cashier at registration at the campus where enrolled.

I. EMPLOYEE COMPLETE THIS SECTION:

_____ _____
Employee Name Social Security Number

_____ _____
Campus Address Department/Division

Spouse/Dependent Information:

_____ _____
Spouse/Dependent Name Social Security Number

Relationship ( ) Spouse
( ) Dependent _____Yrs.
Age

Employee Certification:

I hereby certify that the above information is correct and that I am currently an employee at a TBR institution or area school. I also certify that I and my spouse or dependent meet the eligibility requirements for a fee discount in accordance with TBR Policy 5:01:04:50, Fee Discounts for Spouses and Dependent Children of Employees. I understand that it is my responsibility to notify the Personnel Office of any change in my eligibility for this benefit.

If the spouse or dependent child is receiving Title IV Financial Aid, you must notify the Financial Aid Office, as this benefit may require an adjustment of financial aid received. Title IV Aid includes national direct student loan, college work study, supplemental educational opportunity grants, Pell grants, and other student aid programs administered by the TBR or UT.

_____ _____
Employee Signature Date

II.A. PERSONNEL OFFICE COMPLETE THIS SECTION:

Date of Regular Employment_____ Percent Full-Time_____

Approved_____ Date_____
Personnel Officer

II.B. BUSINESS OFFICE COMPLETE THIS SECTION

Fee Receipt_____ Amount_____

Date_____ Initials_____