

The University of Tennessee
**Request for Student Fee Discount
for Spouse or Dependent Child**

This form is to request approval for a student fee discount for **undergraduate students** in accordance with **Personnel Policy 331, Educational Assistance (Student Fee Discount) for Spouses and Dependent Children of Employees**.

Instructions: Please complete Section I below, have your department head complete Section II, and forward this form to your Human Resources Office at least 20 days prior to registration to ensure adequate time for processing. The approved original will be returned to you by campus mail.

I. EMPLOYEE - Please complete this Section

Employee Name _____ SSN _____ Campus/Office Address _____

Cost Center _____ Cost Center Name _____ Campus/Office Phone No. _____

Spouse/Dependent Child Information:

Name of Spouse/Dependent Child _____ SSN _____ Relationship _____

Date of Birth (if Child) _____ Campus Enrolled _____ Academic Term and Year _____

NOTE: If the spouse or dependent child is receiving Title IV aid, you must notify the Financial Aid Office as this benefit may require adjustment of Financial Aid awarded. Title IV aid includes Perkins Loans, College Work-Study, Supplemental Education Opportunity Grants, Stafford Loans, Parent (PLUS) Loans, and other student aid programs administered by the Financial Aid Office.

Employee Certification:

I hereby certify that the above information is correct and that I and my spouse or dependent child meet the eligibility requirements for a student fee discount at The University of Tennessee in accordance with **Personnel Policy 331, Educational Assistance (Student Fee Discount) for Spouses and Dependent Children of Employees**. I understand that it is my responsibility to notify the Human Resources Office of any change in my eligibility for this benefit. I also understand that any falsification of this information or misrepresentation of facts may result in disciplinary action, liability for repayment of fees, or other legal actions.

Employee Signature _____ Date _____

Note: The University reserves the right to deny this benefit if the relationship of the employee to the benefit recipient is not in keeping with the "parent/child" concept.

II. DEPARTMENT HEAD - Please complete this Section

I hereby certify that to the best of my knowledge the above named employee and spouse or dependent child are eligible for this benefit.

Department Head Signature _____ Date _____

III. HUMAN RESOURCES OFFICE - Complete this Section

Regular Continuous Service Date _____ Job Key _____ Percent Full-time _____

Approved _____ Date _____

IV. BUSINESS OFFICE (Fees Collection) - Complete this Section

Fee Receipt Number _____ Amount Waived _____

Date _____ Initials _____