**The University of Tennessee**  
**Health Science Center**  

**INSTRUCTIONS FOR TOTALLY DISABLED AND/OR SENIOR CITIZEN ENROLLING IN CREDIT COURSES**

In accordance with provisions of Tennessee Code Annotated, Section 49-3251, subsection (b), you may be enrolled in a course for academic credit without paying regular fees to The University of Tennessee Health Science Center. You must make application for admission to the University, register for courses, meet the requirements of the class for specified grades, and have a permanent academic record maintained in the same manner as other students enrolled for credit.

Applicable admission fee to the university is required. A registration fee of seven dollars ($7.00) per semester hour credit up to a maximum of seventy dollars ($70.00) for any one semester is also required.

Textbooks and other class materials must be purchased by the student. Also you must pay for other special services (e.g., laboratory fees, parking fees, program and service fees, technology fees, late registration charges, graduation fees, etc.) as they are appropriate to the course(s) you take or as these services may be desired by you.

The existence of permanent disability must be determined by the Social Security Administration and a copy of the Social Security determination letter of total disability must accompany this form, or the existence of total disability must be certified by a physician practicing in a medical specialty which would qualify him/her to judge the nature and extent of the total disability.

This form is not an application to request accommodations under the Americans with Disabilities Act (ADA) or 504 of the Rehabilitation Act of 1973. If you wish to request such accommodations, please contact the Student Academic Support Services (SASS) at 8 S. Dunlap, GED room BB9, Memphis, TN 38163 or call 901-448-5056, or email at sass@uthsc.edu.

Legal verification of age and Tennessee residency is required prior to registration.

*It is University of Tennessee policy that persons attending classes under State and/or Federal sponsored disability programs (i.e., Vocational Rehabilitation) are not eligible for this reduced fee.*

**Definition of Terms:**

**Subsection (a) Auditing of Courses**

(a) (1) Disabled persons suffering from a permanent total disability that totally incapacitates the person from working at an occupation that brings the person an income … and who are domiciled in Tennessee may audit courses at any state-supported college or university without paying tuition charges, maintenance fees, student activity fees, or registration fees; however, this privilege may be limited or denied by the college or university on an individual classroom basis according to space availability.

**Subsection (b) Taking Courses for Credit**

(b) Subject to the same terms and conditions as provided in subsection (a), disabled persons, as defined in subsection (a) who are domiciled in Tennessee may be enrolled in courses for credit at state-supported colleges and universities without payment of tuition charges, maintenance fees, student activity fees, or registration fees, except that the Board of Trustees of the University of Tennessee and the Board of Regents of the State University and Community College system may provide for a service fee which may be charged by the institutions under the respective jurisdictions.
Subsection (a) (4) A student who is receiving services under federal or state vocational rehabilitation programs is not eligible for a waiver of tuition and fee benefits under this section.

Students using this permanent disability certification for reduction of fees and registering in courses for credit are permitted to register for class no earlier than four (4) weeks before the first day of class in each semester (TBR Guideline B-060). For information on current maximum allowable service fees, please refer to T.C.A., Section 49-7-113.

Students using this permanent disability certification for waiver of fees and registering in courses for audit are not permitted to register for class until the first day of class in each semester.

Each semester the student is in attendance, he/she must meet with a representative in the Registrar’s Office to complete a Maintenance Fee Reduction Request form. The student will present that form to the Bursar’s office so fees can be adjusted in the student’s account for the current semester.

For additional information, contact the Office of Admissions, 910 Madison Ave Suite 520, Memphis, TN 38163, (901)448-5560, or uthscadmit@uthsc.edu.

Tennessee Code Annotated, Section 49-7-113

I have read these policies, understand them, and agree to abide by them.

☐ Over-65 (credit student)  ☐ Total disability (credit student)

Print Full Name:__________________________________________________________

Signature: ___________________________ Date______________________________

UTHSC ID: 885 Birth Date: ______________________

Telephone Number: __________________________ Email:________________________

Address:________________________________________________________________

Please return this form and any supporting documents to:
The Office of Admission
University of Tennessee Health Science Center
910 Madison Ave.
Suite 520
Memphis, TN 38163
Certification of Total Disability

As a licensed physician (M.D.) practicing in the medical specialty of _______________________________, I have examined the patient named below and certify that he/she suffers from a “permanent total disability which totally incapacitates such person from working at an occupation that brings the person an income” as referenced in T.C.A. Section 49-7-113.

Patient’s Name (Please print):____________________________________ Date of Birth:________

SSN/Student ID:______________________________________________________________________

Description of Disability:________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Physician’s Name (Please print):__________________________________________________________

Office Address:________________________________________________________________________

City:_______________ State:_________ Zip Code:________ Phone Number: (_____ ) __________

Physician’s Signature:______________________________________ Date:________________

This form must be completed by a physician and submitted to Enrollment Services of the University of Tennessee Health Science Center. Each semester the student is in attendance, he/she must meet with a representative in the Registrar’s Office to complete a Maintenance Fee Reduction Request form. The student will present that form to the Bursar’s office so fees can be adjusted in the student’s account for the current semester.

The physician must this form and any supporting documents to:
 The Office of Admission
 University of Tennessee Health Science Center
 910 Madison Ave.
 Suite 520
 Memphis, TN  38163