

The University of Tennessee Health Science Center
CERTIFICATE OF INTENT

I understand that through my participation in the Fee Waiver Educational Assistance Program, I am assuming certain obligations and responsibilities to The University of Tennessee Health Science Center.

I have read and understand the following statements and I agree that:

- A. Should I fail to pass the course(s), or
- B. Should I, of my own volition, fail to complete the above course(s) listed on the Fee Waiver Form, or
- C. Should I terminate my employment prior to the completion of the course(s), or
- D. Should I receive educational assistance from any other source for these charges (such as Veteran's benefits, etc.)

I am then obligated to reimburse the University in a lump sum payment for the amount of tuition waived. **I agree to authorize the institution in which I am enrolled, to furnish a copy of my grades to The University of Tennessee Health Science Center, Human Resources within thirty (30) days of completion of the course(s).** Failure to meet the above conditions requires full repayment for the amount of tuition waived within sixty (60) days of the completion of the course(s) or by payroll deduction, which I hereby authorize.

PLEASE PRINT BELOW

NAME _____ **SSN** _____ **PERSONNEL. NO.** _____

DEPARTMENT _____ **JOB TITLE** _____ **OFFICE PHONE** _____

UTHSC MAILING ADDRESS _____ **UT EMAIL** _____

HOME ADDRESS _____ **HOME PHONE** _____

Are you eligible for student benefits as a veteran? Yes No

Do you receive or plan to request such assistance? Yes No

How is this course beneficial to your present job or one in which you may be promoted at UTHSC? _____

Anticipated Graduation Date _____

*To assist in receiving approval for this course, attach a copy of the course description, which is listed in the school catalog.

SIGNATURE _____

DATE _____