

- FACULTY
- STAFF
- RETIREE

- UNDERGRADUATE
- GRADUATE

## TENNESSEE BOARD OF REGENTS FEE WAIVER AUTHORIZATION AND INVOICE

SELECT COURSE TYPE FROM THIS LIST:

- REGENTS ONLINE DEGREE PROGRAM (RODP)
- ONLINE CLASSES

BILLING ADDRESS:

The University of Tennessee Health Science Center  
 Department of Human Resources  
 Attn: Benefits Department  
 910 Madison Ave, Suite 753  
 Memphis, TN 38163

**SERVICES AUTHORIZED FOR:**

NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

SSN/ UT PERSONNEL NUMBER \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

Course No.	Section No.	Course Title	Begin Date	End Date	Hours	Authorized Amount (HR USE ONLY)
<b>Totals</b>						

This authorization is for registration at \_\_\_\_\_ for the \_\_\_\_\_ term/semester, 20\_\_\_\_ **ONLY**. This authorization is for the course(s) named above. In the event there are changes in the course(s) described above, the supervisor must be informed and approval of the changes documented and mailed to 1.) Human Resources, 910 Madison Avenue, Suite 753 Memphis, TN 38163 and 2.) the school the employee is attending. The employee agrees to reimburse the Educational Assistance account for failure to complete the course(s) or undocumented changes. In addition, the employee authorizes the school at which these courses are taken to provide to UT Human Resources a copy of their grades at the end of the session.

\_\_\_\_\_  
**EMPLOYEE SIGNATURE** **DATE** **PHONE NUMBER/EXTENSION**

**EDUCATIONAL ASSISTANCE APPROVALS**

I certify the following as required by the Educational Assistance Policy, Personnel Policy HR 330 and Procedure Manual, Section III, that the above employee is a regular full time employee or regular part-time (50% or greater) or eligible retiree, and is eligible to participate under the revised guidelines.

**AUTHORIZATION IS HEREBY GRANTED FOR THE ABOVE COURSE(S) IF OFFERED AS SCHEDULED.**

\_\_\_\_\_  
 (Approval of Supervisor) Date

\_\_\_\_\_  
 (Signature of Approving Officer- HR) Date

\_\_\_\_\_  
 (Approval of Department Chairman or Director) Date

\_\_\_\_\_  
 (Budget Approval) Date