

**UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER SCHEDULE OF MAINTENANCE, TUITION AND FEES EFFECTIVE FALL 2025  
( Fees shown are for one Semester Only)**

**College of Dentistry - Years 1 & 2**

	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	Dentistry SGA Fee	Laboratory and Clinical Utilization Fee	Malpractice Insurance Spring Only	In-State Total	Out-of-State Tuition Difference	**Out-of-State Total
<b>Hours</b>											
1	1816	48	12	3	14	30	2700	17	4640	2317	6957
2	3632	96	24	6	28	30	2700	17	6533	4634	11167
3	5448	144	36	9	42	30	2700	17	8426	6951	15377
4	7264	192	48	12	56	30	2700	17	10319	9268	19587
5	9080	240	60	15	70	30	2700	17	12212	11585	23797
6	10896	288	72	18	84	30	2700	17	14105	13902	28007
7	12712	336	84	21	98	30	2700	17	15998	16219	32217
8	14528	384	96	24	112	30	2700	17	17891	18536	36427
9+	16345	425	100	25	120	30	2700	17	19762	20849	40611

**\*Dental Kits D1 - \$6,560 and D2 \$9,126**

**College of Dentistry - Years 3 & 4**

	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	Dentistry SGA Fee	Laboratory and Clinical Utilization Fee	Malpractice Insurance Spring Only	In-State Total	Out-of-State Tuition Difference	**Out-of-State Total
<b>Hours</b>											
1	1816	48	12	3	14	30	2700	17	4640	2317	6957
2	3632	96	24	6	28	30	2700	17	6533	4634	11167
3	5448	144	36	9	42	30	2700	17	8426	6951	15377
4	7264	192	48	12	56	30	2700	17	10319	9268	19587
5	9080	240	60	15	70	30	2700	17	12212	11585	23797
6	10896	288	72	18	84	30	2700	17	14105	13902	28007
7	12712	336	84	21	98	30	2700	17	15998	16219	32217
8	14528	384	96	24	112	30	2700	17	17891	18536	36427
9+	16345	425	100	25	120	30	2700	17	19762	20849	40611

**\*Dental Kits D3 - \$4,745 and D4 \$1,014**

\*Out-of-state total is calculated by adding all the fees included in the in-state total plus an out-of-state tuition differential.

If you are a part-time student, you will pay tuition and /or maintenance fee at the semester hour rate, the total not to exceed the maximum amount

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**Dental Hygiene (Bachelor)**

<b>Hours</b>	<b>Maintenance Fee</b>	<b>Program &amp; Services Fee</b>	<b>Health Service Fee</b>	<b>Other Dedicated Fees</b>	<b>Technology Fee</b>	<b>Mal-practice Insurance Fall Only</b>	<b>In-State Total</b>	<b>Out-of-State Tuition Difference</b>	<b>**Out-of-State Total</b>
1	448	48	12	3	14	10	535	448	983
2	896	96	24	6	28	10	1060	896	1956
3	1344	144	36	9	42	10	1585	1344	2929
4	1792	192	48	12	56	10	2110	1792	3902
5	2240	240	60	15	70	10	2635	2240	4875
6	2688	288	72	18	84	10	3160	2688	5848
7	3136	336	84	21	98	10	3685	3136	6821
8	3584	384	96	24	112	10	4210	3584	7794
9	4032	425	100	25	120	10	4712	4032	8744
10	4480	425	100	25	120	10	5160	4480	9640
11	4928	425	100	25	120	10	5608	4928	10536
12+	5373	425	100	25	120	10	6053	5373	11426

**\*Dental Hygiene Kits \$4,834 (1st Year Only)**

\*\*Out-of-state total is calculated by adding all the fees included in the in-state total plus an out-of-state tuition differential.

If you are a part-time student, you will pay tuition and /or maintenance fee at the semester hour rate, the total not to exceed the maximum amount indicated above.

The minimum charge is equivalent to one hour at the semester hour rate.