

**UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER SCHEDULE OF MAINTENANCE, TUITION AND FEES EFFECTIVE FALL 2024
(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
Hours											
1	1763	45	12	3	14	30	2700	17	4584	2249	6833
2	3526	90	24	6	28	30	2700	17	6421	4498	10919
3	5289	135	36	9	42	30	2700	17	8258	6747	15005
4	7052	180	48	12	56	30	2700	17	10095	8996	19091
5	8815	225	60	15	70	30	2700	17	11932	11245	23177
6	10578	270	72	18	84	30	2700	17	13769	13494	27263
7	12341	315	84	21	98	30	2700	17	15606	15743	31349
8	14104	360	96	24	112	30	2700	17	17443	17992	35435
9+	15869	400	100	25	120	30	2700	17	19261	20242	39503

***Dental Kits D1 - \$5,844 (spring) and D2 \$1,338 (spring)**

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
Hours											
1	1763	45	12	3	14	30	2700	17	4584	2249	6833
2	3526	90	24	6	28	30	2700	17	6421	4498	10919
3	5289	135	36	9	42	30	2700	17	8258	6747	15005
4	7052	180	48	12	56	30	2700	17	10095	8996	19091
5	8815	225	60	15	70	30	2700	17	11932	11245	23177
6	10578	270	72	18	84	30	2700	17	13769	13494	27263
7	12341	315	84	21	98	30	2700	17	15606	15743	31349
8	14104	360	96	24	112	30	2700	17	17443	17992	35435
9+	15869	400	100	25	120	30	2700	17	19261	20242	39503

***Dental Kits D3 - \$4,605 (fall) and D4 \$156 (spring)**

*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)

Hours	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	Mal-practice Insurance Fall Only	In-State Total	Out-of-State Tuition Difference	**Out-of-State Total
1	435	45	12	3	14	10	519	435	954
2	870	90	24	6	28	10	1028	870	1898
3	1305	135	36	9	42	10	1537	1305	2842
4	1740	180	48	12	56	10	2046	1740	3786
5	2175	225	60	15	70	10	2555	2175	4730
6	2610	270	72	18	84	10	3064	2610	5674
7	3045	315	84	21	98	10	3573	3045	6618
8	3480	360	96	24	112	10	4082	3480	7562
9	3915	400	100	25	120	10	4570	3915	8485
10	4350	400	100	25	120	10	5005	4350	9355
11	4785	400	100	25	120	10	5440	4785	10225
12+	5216	400	100	25	120	10	5871	5216	11087

***Dental Hygiene Kits \$4,694 (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.