

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

College of Medicine - Year 1

Hours	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	Malpractice Insurance (Fall only)	Disability Insurance	In-State Total	Out-of-State Tuition Difference	*Out-of-State Total
1	2046	48	12	3	14	22	24	2169.00	1083	3,252.00
2	4092	96	24	6	28	22	24	4292.00	2166	6,458.00
3	6138	144	36	9	42	22	24	6415.00	3249	9,664.00
4	8184	192	48	12	56	22	24	8538.00	4332	12,870.00
5	10230	240	60	15	70	22	24	10661.00	5415	16,076.00
6	12276	288	72	18	84	22	24	12784.00	6498	19,282.00
7	14322	336	84	21	98	22	24	14907.00	7581	22,488.00
8	16368	384	96	24	112	22	24	17030.00	8664	25,694.00
9+	18412	425	100	25	120	22	24	19128.00	9748	28,876.00

College of Medicine - Year 2

Hours	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	Malpractice Insurance (Fall only)	Disability Insurance Fall	In-State Total	Out-of-State Tuition Difference	*Out-of-State Total
1	2046	48	12	3	14	22	24	2169.00	1083	3,252.00
2	4092	96	24	6	28	22	24	4292.00	2166	6,458.00
3	6138	144	36	9	42	22	24	6415.00	3249	9,664.00
4	8184	192	48	12	56	22	24	8538.00	4332	12,870.00
5	10230	240	60	15	70	22	24	10661.00	5415	16,076.00
6	12276	288	72	18	84	22	24	12784.00	6498	19,282.00
7	14322	336	84	21	98	22	24	14907.00	7581	22,488.00
8	16368	384	96	24	112	22	24	17030.00	8664	25,694.00
9+	18412	425	100	25	120	22	24	19128.00	9748	28,876.00

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 two hours at the semester hour rate.

****Step 1 Exam Prep Fee \$190 M1 & M2 only. ***COM Student Resource Fee \$450 (M1)**

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College of Medicine - Year 3

	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	Malpractice Insurance (Fall only)	Disability Insurance	In-State Total	Out-of-State Tuition Difference	*Out-of-State Total
Hours										
1	2046	48	12	3	14	35	24	2182	1083	3265
2	4092	96	24	6	28	35	24	4305	2166	6471
3	6138	144	36	9	42	35	24	6428	3249	9677
4	8184	192	48	12	56	35	24	8551	4332	12883
5	10230	240	60	15	70	35	24	10674	5415	16089
6	12276	288	72	18	84	35	24	12797	6498	19295
7	14322	336	84	21	98	35	24	14920	7581	22501
8	16368	384	96	24	112	35	24	17043	8664	25707
9+	18412	425	100	25	120	35	24	19141	9748	28889

College of Medicine - Year 4

	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	Malpractice Insurance (Fall only)	Disability Insurance	In-State Total	Out-of-State Tuition Difference	*Out-of-State Total
Hours										
1	2046	48	12	3	14	35	24	2182	1083	3265
2	4092	96	24	6	28	35	24	4305	2166	6471
3	6138	144	36	9	42	35	24	6428	3249	9677
4	8184	192	48	12	56	35	24	8551	4332	12883
5	10230	240	60	15	70	35	24	10674	5415	16089
6	12276	288	72	18	84	35	24	12797	6498	19295
7	14322	336	84	21	98	35	24	14920	7581	22501
8	16368	384	96	24	112	35	24	17043	8664	25707
9+	18412	425	100	25	120	35	24	19141	9748	28889

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 two hours at the semester hour rate.

**UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER SCHEDULE OF MAINTENANCE, TUITION AND FEES EFFECTIVE FALL 2025
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Physician Assistant**

Hours	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	Malpractice Insurance (Fall only)	Board Review fees	In-State Total	Out-of State Tuition Difference	*Out-of-State Total
1	1357	48	12	3	14	10	364	1808	995	2803
2	2714	96	24	6	28	10	364	3242	1990	5232
3	4071	144	36	9	42	10	364	4676	2985	7661
4	5428	192	48	12	56	10	364	6110	3980	10090
5	6785	240	60	15	70	10	364	7544	4975	12519
6	8142	288	72	18	84	10	364	8978	5970	14948
7	9499	336	84	21	98	10	364	10412	6965	17377
8	10856	384	96	24	112	10	364	11846	7960	19806
9+	12211	425	100	25	120	10	364	13255	8951	22206

*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 two hours at the semester hour rate.

***All Physician Assistant students will be charged \$45 per semester for PA MED Equipment.