☐ FACULTY ☐ STAFF ☐ RETIREE TENNESSEE BOARD OF REGENTS FEE WAIVER AUTHORIZATION AND INVOICE							UNDERGRADUATE GRADUATE
SELECT COURSE TYPE FROM THIS LIST: TN eCAMPUS (FORMERLY RODP)				BILLING ADDRESS: The University of Tennessee Health Science Center Department of Human Resources Attn: Benefits Department			
ONLINE CLASSES				910 Madison Ave, Suite 753 Memphis, TN 38163			
SERVICES A	AUTHORIZED F	UT PERSONNEL NUMBER					
NAME				STUDENT IDENTIFICATION NUMBER			
ACCOUNT NUMBER				ACCOUNT NAME			
ACCOUNT NUMBER				ACCOUNT NAME			
ACCOUNT NUMBER				ACCOUNT NAME			
Course No.	Course No. Section No. Course Tit				End Date		Authorized Amount (HR USE ONLY)
					Totals		
			Separate Invoice				
authorization is and approve of Memphis, TN failure to comp	s for the course(s of the changes do 38163 and 2.)The olete the course(s	tion at) named above. In the event cumented and emailed, hand e school the employee is attention or undocumented changes as a copy of their grades at the	there are changes in delivered or mailed ending. The employeds. In addition, the em	in the course(s) o to 1.) Human Re ee agrees to rein poloyee authorize	described above esources, 910 N nburse the Educ	e, the super Madison Ave cational Ass	rvisor must be informed enue, Suite 753 sistance account for
EMPLOYEE SIGNATURE			DATE	PHONE NUMBER/EXTENSION			
I certify the fo	llowing as require	ICE APPROVALS and by the Educational Assistatemployee or regular part-time					
AUTHORIZA	ATION IS HERE	EBY GRANTED FOR THE	ABOVE COURS	E(S) IF OFFER	RED AS SCH	EDULED.	
(Approval of Supervisor)			Date	(Signature of Approving Officer- HR) Date			

Date

(Budget Approval)

Date

(Approval of Department Chairman or Director)