The University of Tennessee Health Sciences

Retirees or Deceased Employees

SPOUSE AND/OR DEPENDENT STUDENT FEE DISCOUNT FORM

910 Madison Ave, Suite 753, Memphis, TN 38163

This form is to request approval for a student fee discount for undergraduate students in accordance with Personnel Policy 331, Educational Assistance (Student Fee Discount) for Spouses and Dependent Children of retired or deceased employees.

EMPLOYEE NAME		**HR USE ONLY**
SPOUSE NAME	SOCIAL SECURITY NUMBER	EXP. DATE

DEPENDENT CHILDREN 26 YEARS OF AGE OR UNDER

NAME	Academic Term & Year	INSTITUTION	SOCIAL SECURITY NO.	DATE OF BIRTH	EXP. DATE

I hereby certify that the above information is correct and that the name(s) listed above meet the eligibility requirements for a Student Fee Discount at The University of Tennessee in accordance with Personnel Policy 331, Educational Assistance (Student Fee Discount) for spouses and dependent children of retired or deceased employees.

_____ _____

Signature of Retiree or Employee's next of kin **Date**

_____

Relationship to Employee (if next of kin)

NOTE: If spouse or dependent child is receiving Title IV Aid, the Financial Aid Office must be notified as this benefit may require adjustment of Financial Aid awarded.

To Be Completed by the Human Resources Department

Employee Name _____ Social Security Number_____

Percent Full-Time _____ Regular Continuous Service Date _____

Responsible Account Number _____ Personnel Number_____

Former Department _____ Date of Retirement/Death_____
(Circle One)

Approved _____ Date _____

Business Office (Fees Collection) - Complete this Section

Fee Receipt Number:	*Amount Waived:*
Date:	*Initials:*

Revised 11/2026