The University of Tennessee Health Sciences

SPOUSE OR DEPENDENT 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 Employees.**

Instructions: Please complete Section I below, have your department head complete Section II, and forward this form to your Human Resources Office at least 20 days prior to registration to ensure adequate time for processing.

I. Employee – Please complete this Section

Employee Name	Personnel No.	SSN	Campus Office Address

Responsible Account No.	Responsible Account Name	Campus/Office Phone No.

Responsible Account No.	Responsible Account Name	Campus/Office Phone No.

Spouse/Dependent Child Information:

Name of Spouse/Dependent Child	SSN	Relationship

Date of Birth (if child)	Campus Enrolled	Academic Term and Year

Employee Certification:
I hereby certify that the above information is correct and that I and my spouse or dependent child 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 Employees.** I understand that it is my responsibility to notify the Human Resource Office of any change in my eligibility for this benefit. I also understand that any falsification of this information or misrepresentation of facts may result in disciplinary action, liability for repayment of fees, or other legal actions.

Employee Signature _____ Date _____

II. Department Head – Please verify the account number(s) above and complete this section

I hereby certify that to the best of my knowledge the above-named employee and spouse or dependent child are eligible for this benefit.

Department Head Signature _____ Date _____

III. Human Resources Office – Complete this Section

Regular Continuous Service Date _____ Percent Full-Time _____

Approved _____ Date _____

IV. Business Office (Fees Collection) – Complete this Section

Fee Receipt Number _____ Amount Waived _____

Date _____ *Initials* _____

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