THE UNIVERSITY OF TENNESSEE HEALTH SCIENCES

Fee Waiver Authorization and Invoice

(Use for classes taken at UTHS only)

Human Resources Department
910 Madison Avenue, Suite 753 – Memphis, TN 38163

Name _____ Personnel No. _____ S.I.D. _____

Title _____ College/Division _____

Department _____ Account Number _____

Request for Waiver of Fees
(To be completed by employee)

I hereby request Waiver of Fees and permission to enroll in the following course(s) for _____semester hours of credit during the _____ semester of 20 _____ at UT Health Sciences.

Type Credit Grad/Undergrad	Course Number	Course Title	Begin Date	End Date	Hours
			Total		

You will be charged pro rata fees if: 1) employed less than 100% Regular full-time 2) register for hours more than the fee waiver benefits.

EMPLOYEE SIGNATURE **DATE** **PHONE NUMBER/EXTENSION** **ANTICIPATED GRADUATION DATE**

I certify the following as required by the Educational Assistance Policy, Personnel Policy HR 330 and Procedure Manual, Section III, that the employee is a regular full-time employee or regular part-time (50% or greater), and is eligible to participate under the revised guidelines.

It is my opinion that the course(s) required will be to the direct benefit in the employees' position. **Authorization is hereby granted for the above course(s) if offered as scheduled.**

(Approval of Supervisor) **Date**

(Approval of Department Chair or Director) **Date**

(Approval of Dean) **Date**

HUMAN RESOURCES REPRESENTATIVE TO COMPLETE THIS SECTION

Date of Employment_____ **Percent Full-Time** _____ **Approved**_____ **Date** _____

BUSINESS OFFICE TO COMPLETE THIS SECTION

Waiver Code_____ **Tuition**_____ **Discount** _____

Accepted by _____ **Bursar's Date Entered** _____

Revised 11/2/2026