THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER SCHEDULE OF MAINTENANCE, TUITION AND FEES EFFECTIVE FALL 2018(Fees shown are for One Semester Only)

#### Medical Lab Sciences(Bachelor)

Hours	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	Micro-scope Fee	Malpractice Insurance Fall Only	In-State Total	Out-of- State Tuition Difference	*Out-of- State Total
1	333	45	12	3	12	52.50	20	477.50	757	1234.50
2	666	90	24	6	24	52.50	20	882.50	1514	2396.50
3	999	135	36	9	36	52.50	20	1287.50	2271	3558.50
4	1332	180	48	12	48	52.50	20	1692.50	3028	4720.50
5	1665	225	60	15	60	52.50	20	2097.50	3785	5882.50
6	1998	270	72	18	72	52.50	20	2502.50	4542	7044.50
7	2331	315	84	21	84	52.50	20	2907.50	5299	8206.50
8	2664	360	96	24	96	52.50	20	3312.50	6056	9368.50
9	2997	400	100	25	120	52.50	20	3714.50	6813	10527.50
10	3330	400	100	25	120	52.50	20	4047.50	7570	11617.50
11	3663	400	100	25	120	52.50	20	4380.50	8327	12707.50
12+	3995	400	100	25	120	52.50	20	4712.50	9083	13795.50

Post-Professional Degrees: Physical Therapy, MS, Transitional Doctor of Physical Therapy, Doctor of Science in Physical Therapy,

\*\*Clinical Lab Sciences-MS

Hours	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	In-State Total	Out-of- State Tuition Difference	*Out-of-State Total
1	549	45	12	3	14	623	997	1620
2	1098	90	24	6	28	1246	1994	3240
3	1647	135	36	9	42	1869	2991	4860
4	2196	180	48	12	56	2492	3988	6480
5	2745	225	60	15	70	3115	4985	8100
6	3294	270	72	18	84	3738	5982	9720
7	3843	315	84	21	98	4361	6979	11340
8	4392	360	96	24	112	4984	7976	12960
9+	4934	400	100	25	120	5579	8970	14549

<sup>\*</sup>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.

<sup>\*\*</sup>The Clinical Lab Sciences students are charged a \$20.00 fee for malpractice insurance for Fall Semester.

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER SCHEDULE OF MAINTENANCE, TUITION AND FEES EFFECTIVE FALL 2018(Fees shown are for One Semester Only)

Entry Level Advanced Degree-Physical Therapy-Doctorate, Master's of Occupational Therapy

Hours	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	Malpractice Insurance Fall Only	In-State Total	Out-of-State Tuition Difference	*Out-of- State Total
1	757	45	12	3	14	20	851	1000	1851
2	1514	90	24	6	28	20	1682	2000	3682
3	2271	135	36	9	42	20	2513	3000	5513
4	3028	180	48	12	56	20	3344	4000	7344
5	3785	225	60	15	70	20	4175	5000	9175
6	4542	270	72	18	84	20	5006	6000	11006
7	5299	315	84	21	98	20	5837	7000	12837
8	6056	360	96	24	112	20	6668	8000	14668
9+	6807	400	100	25	120	20	7472	8991	16463

<sup>\*</sup>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 one hour at the semester hour rate.

<sup>\*\*</sup>MOT students charged Media fee \$150 Fall Semester only

<sup>\*\*</sup>MOT students charged Board Review Fee \$75 per semester

ON LINE PROGRAMS:

Health Informatics & Information Management Masters and Certificate (On Line)

Bachelor of Science Health Informatics & Information Management (On Line)

				Out-of-	
	Maintenance	On Line	In-State	State	*Out-of-
	Fee	Support	Total	Tuition	State Total
Hours				Difference	
1	500	50	550	50	600
2	1000	100	1100	100	1200
3	1500	150	1650	150	1800
4	2000	200	2200	200	2400
5	2500	250	2750	250	3000
6	3000	300	3300	300	3600
7	3500	350	3850	350	4200
8	4000	400	4400	400	4800
9	4500	450	4950	450	5400
10	5000	500	5500	500	6000
11	5500	550	6050	550	6600
12	6000	600	6600	600	7200
13	6500	650	7150	650	7800
14	7000	700	7700	700	8400
15	7500	750	8250	750	9000

## Online program fees are charged per credit hour with no maximum credit hour cap.

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.

<sup>\*</sup>Out-of-state total is calculated by adding all the fees included in the in-state total plus an out-of-state tuition differential.

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER SCHEDULE OF MAINTENANCE, TUITION AND FEES EFFECTIVE FALL 2018(Fees shown are for One Semester Only)

Bachelor of Medical Lab Science (On Line)

Hours	Maintenance Fee	On Line Support	Malpractice Insurance Fall Only	In-State Total	Out-of-State Tuition Difference	*Out-of- State Total
1	350	46	20	416	65	481
2	700	92	20	812	130	942
3	1050	138	20	1208	195	1403
4	1400	184	20	1604	260	1864
5	1750	230	20	2000	325	2325
6	2100	276	20	2396	390	2786
7	2450	322	20	2792	455	3247
8	2800	368	20	3188	520	3708
9	3150	414	20	3584	585	4169
10	3500	460	20	3980	650	4630
11	3850	506	20	4376	715	5091
12	4200	552	20	4772	780	5552
13	4550	598	20	5168	845	6013
14	4900	644	20	5564	910	6474
15	5250	690	20	5960	975	6935

Online program fees are charged per credit hour with no maximum credit hour cap.

## **Entry Level Advanced Degree: Master of Cytopathology**

Hours	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	Microscope Fee Fall Only	Malpractice Insurance Fall Only	In-State Total	Out-of- State Tuition Difference	*Out-of- State Total
1	757	45	12	3	14	52.50	20	903.50	1000	1903.50
2	1514	90	24	6	28	52.50	20	1734.50	2000	3734.50
3	2271	135	36	9	42	52.50	20	2565.50	3000	5565.50
4	3028	180	48	12	56	52.50	20	3396.50	4000	7396.50
5	3785	225	60	15	70	52.50	20	4227.50	5000	9227.50
6	4542	270	72	18	84	52.50	20	5058.50	6000	11058.50
7	5299	315	84	21	98	52.50	20	5889.50	7000	12889.50
8	6056	360	96	24	112	52.50	20	6720.50	8000	14720.50
9+	6807	400	100	25	120	52.50	20	7524.50	8991	16515.50

<sup>\*</sup>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 UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER SCHEDULE OF MAINTENANCE, TUITION AND FEES EFFECTIVE FALL 2018(Fees shown are for One Semester Only)

## **Master of Science Speech-Language Pathology**

Hours	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	In-State Facility Fee	Transporta- tion Fee	Malpractice Insurance Fall Only	Library Fee	In-State Total	Out-of- State Facility	Out-of-State Tuition Difference	*Out- of- State Total
1	691	45		3	14	23	6	20	4	806	36	911	1730
2	1382	90		6	28	46	12	20	8	1592	72	1822	3440
3	2073	135		9	42	69	18	20	12	2378	108	2733	5150
4	2764	180		12	56	92	24	20	16	3164	144	3644	6860
5	3455	225		15	70	115	30	20	20	3950	180	4555	8570
6	4146	270		18	84	138	36	20	24	4736	216	5466	10280
7	4837	315		21	98	161	42	20	28	5522	252	6377	11990
8	5528	360		24	112	184	48	20	32	6308	288	7288	13700
9+	6207	405	101	25	120	202	75	20	35	7190	317	8192	15497

# Master, Doctor and Transitional Doctor of Audiology

Hours	Maintenance Fee	Program & H Services Fee Services	Health vice Fee	Other Dedicated Fees	Technology Fee	In-State Facility Fee	Transporta- tion Fee	Malprac-tice Insurance Fall Only	Library Fee	In-State Total	Out-of- State Facility	Out-of- State Tuition Difference	*Out- of- State Total
1	691	45		3	14	23	6	20	4	788	36	911	1712
2	1382	90		6	28	46	12	20	8	1592	72	1822	3440
3	2073	135		9	42	69	18	20	12	2378	108	2733	5150
4	2764	180		12	56	92	24	20	16	3164	144	3644	6860
5	3455	225		15	70	115	30	20	20	3950	180	4555	8570
6	4146	270		18	84	138	36	20	24	4736	216	5466	10280
7	4837	315		21	98	161	42	20	28	5522	252	6377	11990
8	5528	360		24	112	184	48	20	32	6308	288	7288	13700
9	6207	405	101	25	120	202	75	20	35	7190	317	8192	15497

<sup>\*</sup>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 UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER SCHEDULE OF MAINTENANCE, TUITION AND FEES EFFECTIVE FALL 2018(Fees shown are for One Semester Only)

Hours	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	In-State Facility Fee	Transporta- tion Fee	Malpractice Insurance Fall Only	Library Fee	In-State Total	Out-of- State Facility	Out-of-State Tuition Difference	*Out- of- State Total
1	463	45		3	14	23	6	20	4	578	36	759	1350
2	926	90		6	28	46	12	20	8	1136	72	1518	2680
3	1389	135		9	42	69	18	20	12	1694	108	2277	4010
4	1852	180		12	56	92	24	20	16	2252	144	3036	5340
5	2315	225		15	70	115	30	20	20	2810	180	3795	6670
6	2778	270		18	84	138	36	20	24	3368	216	4554	8000
7	3241	315		21	98	161	42	20	28	3926	252	5313	9330
8	3704	360		24	112	184	48	20	32	4484	288	6072	10660
9	4167	405	101	25	120	202	75	20	35	5150	317	6831	12096
10	4630	405	101	25	120	202	75	20	35	5613	317	7590	13318
11	5093	405	101	25	120	202	75	20	35	6076	317	8349	14540
12	5555	405	101	25	120	202	75	20	35	6538	317	9095	15748

<sup>\*</sup>Out-of-state total is calculated by adding all the fees included in the in-state total plus an out-of-state tuition differential.

The minimum charge is equivalent to one hour at the semester hour rate.

**Bachelor of Science of Audiology & Speech Pathology** 

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.

# Non-Degree Health Professions (Undergraduate)

Hours	Maintenance Fee	Program & Services Fee	Techno-logy Fee	In-State Total	Out-of-State Tuition Difference	*Out-of- State Total
1	333	45	14	392	757	1149
2	666	90	28	784	1514	2298
3	999	135	42	1176	2271	3447
4	1332	180	56	1568	3028	4596
5	1665	225	70	1960	3785	5745
6	1998	270	84	2352	4542	6894
7	2331	315	98	2744	5299	8043
8	2664	360	112	3136	6056	9192
9	2997	400	120	3517	6813	10330
10	3330	400	120	3850	7570	11420
11	3663	400	120	4183	8327	12510
12+	3995	400	120	4515	9083	13598

#### **Non-Degree Health Professions (Graduate)**

Hours	Maintenance Fee	Program & Services Fee S	Health Service Fee	Techno- logy Fee	In-State Facility Fee	Transporta- tion Fee	Library Fee	In-State Total	Out-of- State Facility	Out-of-State Tuition Difference	*Out-of- State Total
1	691	45		14	23	6	4	783	36	911	1707
2	1382	90		28	46	12	8	1566	72	1822	3414
3	2073	135		42	69	18	12	2349	108	2733	5121
4	2764	180		56	92	24	16	3132	144	3644	6828
5	3455	225		70	115	30	20	3915	180	4555	8535
6	4146	270		84	138	36	24	4698	216	5466	10242
7	4837	315		98	161	42	28	5481	252	6377	11949
8	5528	360		112	184	48	32	6264	288	7288	13656
9+	6207	405	101	120	202	75	35	7145	317	8192	15452

<sup>\*</sup>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.