The University of Tennessee Health Science Center 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.	Campus Office Address
Employee Nume	r ciscinici no.	
Responsible Account No.	Responsible Account Name	Campus/Office Phone No.
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	Student ID #	Relationship
Date of Birth (if child)	Campus Enrolled	Academic Term and Year
	o notify the Human Resource Office of any change in	my eligibility for this benefit. I also understand that any
Employees. I understand that it is my responsibility treated falsification of this information or misrepresentation of Employee S	o notify the Human Resource Office of any change in facts may result in disciplinary action, liability for rep	n my eligibility for this benefit. I also understand that any ayment of fees, or other legal actions.
Employees. I understand that it is my responsibility treated falsification of this information or misrepresentation of Employee S	o notify the Human Resource Office of any change in facts may result in disciplinary action, liability for rep Signature	n my eligibility for this benefit. I also understand that any payment of fees, or other legal actions.
Employees. I understand that it is my responsibility to falsification of this information or misrepresentation of Employee S II. Department Head – Please verify the acco I hereby certify that to the best of my knowledge	o notify the Human Resource Office of any change in facts may result in disciplinary action, liability for rep Signature	n my eligibility for this benefit. I also understand that any payment of fees, or other legal actions.
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Employees. I understand that it is my responsibility transference of this information or misrepresentation of Employee S II. Department Head – Please verify the accord I hereby certify that to the best of my knowledge Department III. Human Resources Office – Complete this Regular Continuous Service Date	o notify the Human Resource Office of any change in facts may result in disciplinary action, liability for rep Signature bunt number(s) above and complete this section the above named employee and spouse or dep Head Signature	here the second
Employees. I understand that it is my responsibility to falsification of this information or misrepresentation of Employee S II. Department Head – Please verify the acco I hereby certify that to the best of my knowledge Department III. Human Resources Office – Complete this Regular Continuous Service Date Approved IV. Business Office (Fees Collection) – Comp	o notify the Human Resource Office of any change in facts may result in disciplinary action, liability for rep Signature bunt number(s) above and complete this section the above named employee and spouse or dep Head Signature Section	my eligibility for this benefit. I also understand that any bayment of fees, or other legal actions.
Employees. I understand that it is my responsibility to falsification of this information or misrepresentation of Employee S II. Department Head – Please verify the accord I hereby certify that to the best of my knowledge Department III. Human Resources Office – Complete this Regular Continuous Service Date Approved	o notify the Human Resource Office of any change in facts may result in disciplinary action, liability for rep Signature bunt number(s) above and complete this section the above named employee and spouse or dep Head Signature Section	here the second