## THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

Fee Waiver Authorization and Invoice (Use for classes taken at UTHSC only)

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

Name			Personnel No.	S.I.D			
Title				_			
Department							
Department Department				Account Number			
			Request for Waiver of Fees (To be completed by employee)				
I hereby request Waive of 20			the following course(s) forsemester	hours of credit during the		semester	
Type Credit Grad/Undergrad	Course Number	er	Course Title	Begin Date	End Date	Hours	
				Total			
EMPLOYEE SIGNATURE DATE  I certify the following as required by the Educational Asset of the control of the con		ucational Assista					
			I is eligible to participate under the revised guidelin				
It is my opinion that the offered as scheduled.		will be to the dire	ct benefit in the employee's position. <b>Authorizatio</b>	n is hereby granted for	the above cour	se(s) if	
(Approval of Supervisor) Date		Date	(Approv	oproval of Department Chair or Director) Date			
(Approval of Dean) Date		Date					
		HUMAN RESO	JRCES REPRESENTATIVE TO COMPLETE THIS	S SECTION			
Date of Employment	Percer		Approved_		Date		
Date of Employment_	1 01001		SINESS OFFICE TO COMPLETE THIS SECTION				
Waiver Code			Tuition	Discou	nt		

Revised 08/2016