THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER SCHEDULE OF MAINTENANCE, TUITION AND FEES EFFECTIVE FALL 2017(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	40	12	3	12	52.50	20	472.50	757	1229.50
2	666	80	24	6	24	52.50	20	872.50	1514	2386.50
3	999	120	36	9	36	52.50	20	1272.50	2271	3543.50
4	1332	160	48	12	48	52.50	20	1672.50	3028	4700.50
5	1665	200	60	15	60	52.50	20	2072.50	3785	5857.50
6	1998	240	72	18	72	52.50	20	2472.50	4542	7014.50
7	2331	280	84	21	84	52.50	20	2872.50	5299	8171.50
8	2664	320	96	24	96	52.50	20	3272.50	6056	9328.50
9	2997	350	100	25	120	52.50	20	3664.50	6813	10477.50
10	3330	350	100	25	120	52.50	20	3997.50	7570	11567.50
11	3663	350	100	25	120	52.50	20	4330.50	8327	12657.50
12+	3995	350	100	25	120	52.50	20	4662.50	9083	13745.50

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	538	40	12	3	12	605	997	1602
2	1076	80	24	6	24	1210	1994	3204
3	1614	120	36	9	36	1815	2991	4806
4	2152	160	48	12	48	2420	3988	6408
5	2690	200	60	15	60	3025	4985	8010
6	3228	240	72	18	72	3630	5982	9612
7	3766	280	84	21	84	4235	6979	11214
8	4304	320	96	24	96	4840	7976	12816
9+	4837	350	100	25	120	5432	8970	14402

*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 two hours at the semester hour rate.

******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 2017 (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	742	40	12	3	12	20	829	1000	1829
2	1484	80	24	6	24	20	1638	2000	3638
3	2226	120	36	9	36	20	2447	3000	5447
4	2968	160	48	12	48	20	3256	4000	7256
5	3710	200	60	15	60	20	4065	5000	9065
6	4452	240	72	18	72	20	4874	6000	10874
7	5194	280	84	21	84	20	5683	7000	12683
8	5936	320	96	24	96	20	6492	8000	14492
9+	6673	350	100	25	120	20	7288	8991	16279

*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 two hours at the semester hour rate.

****MOT students charged Media fee \$150 Fall Semester only**

**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)

	Maintenance Fee	On Line Support	In-State Total	Out-of- State Tuition	*Out-of- 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.

*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 2017(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	742	40	12	3	12	52.50	20	881.50	1000	1881.50
2	1484	80	24	6	24	52.50	20	1690.50	2000	3690.50
3	2226	120	36	9	36	52.50	20	2499.50	3000	5499.50
4	2968	160	48	12	48	52.50	20	3308.50	4000	7308.50
5	3710	200	60	15	60	52.50	20	4117.50	5000	9117.50
6	4452	240	72	18	72	52.50	20	4926.50	6000	10926.50
7	5194	280	84	21	84	52.50	20	5735.50	7000	12735.50
8	5936	320	96	24	96	52.50	20	6544.50	8000	14544.50
9+	6673	350	100	25	120	52.50	20	7340.50	8991	16331.50

*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 two hours at the semester hour rate.

UNIVERSITY FEES ARE DETERMINED BY THE BOARD OF TRUSTEES AND ARE SUBJECT TO CHANGE WITHOUT NOTICE

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER SCHEDULE OF MAINTENANCE, TUITION AND FEES EFFECTIVE FALL 2017 (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	677	43		3	12	23	6	20	4	788	36	911	1712
2	1354	86		6	24	46	12	20	8	1556	72	1822	3404
3	2031	129		9	36	69	18	20	12	2324	108	2733	5096
4	2708	172		12	48	92	24	20	16	3092	144	3644	6788
5	3385	215		15	60	115	30	20	20	3860	180	4555	8480
6	4062	258		18	72	138	36	20	24	4628	216	5466	10172
7	4739	301		21	84	161	42	20	28	5396	252	6377	11864
8	5416	344		24	96	184	48	20	32	6164	288	7288	13556
9+	6085	387	101	25	120	202	75	20	35	7050	317	8192	15357

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Master, Doctor and Transitional Doctor of Audiology

Hours	Maintenance Fee	Program & He Services Fee Serv	ealth Other ice Fee 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	677	43	3	12	23	6	20	4	788	36	911	1712
2	1354	86	6	24	46	12	20	8	1556	72	1822	3404
3	2031	129	9	36	69	18	20	12	2324	108	2733	5096
4	2708	172	12	48	92	24	20	16	3092	144	3644	6788
5	3385	215	15	60	115	30	20	20	3860	180	4555	8480
6	4062	258	18	72	138	36	20	24	4628	216	5466	10172
7	4739	301	21	84	161	42	20	28	5396	252	6377	11864
8	5416	344	24	96	184	48	20	32	6164	288	7288	13556
9	6085	387	101 25	120	202	75	20	35	7050	317	8192	15357

*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 2017 (Fees shown are for One Semester Only) Bachelor of Science of Audiology & Speech 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	391	43		3	12	23	6	20	4	502	36	758	1273
2	782	86		6	24	46	12	20	8	984	72	1516	2526
3	1173	129		9	36	69	18	20	12	1466	108	2274	3779
4	1564	172		12	48	92	24	20	16	1948	144	3032	5032
5	1955	215		15	60	115	30	20	20	2430	180	3790	6285
6	2346	258		18	72	138	36	20	24	2912	216	4548	7538
7	2737	301		21	84	161	42	20	28	3394	252	5306	8791
8	3128	344		24	96	184	48	20	32	3876	288	6064	10044
9	3519	387	101	25	120	202	75	20	35	4484	317	6822	11421
10	3910	387	101	25	120	202	75	20	35	4875	317	7580	12570
11	4301	387	101	25	120	202	75	20	35	5266	317	8338	13719
12	4697	387	101	25	120	202	75	20	35	5662	317	9095	14872

*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.

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	40	12	385	757	1142
2	666	80	24	770	1514	2284
3	999	120	36	1155	2271	3426
4	1332	160	48	1540	3028	4568
5	1665	200	60	1925	3785	5710
6	1998	240	72	2310	4542	6852
7	2331	280	84	2695	5299	7994
8	2664	320	96	3080	6056	9136
9	2997	350	120	3467	6813	10280
10	3330	350	120	3800	7570	11370
11	3663	350	120	4133	8327	12460
12+	3995	350	120	4465	9083	13548

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	677	43		12	23	6	4	765	36	911	1689
2	1354	86		24	46	12	8	1530	72	1822	3378
3	2031	129		36	69	18	12	2295	108	2733	5067
4	2708	172		48	92	24	16	3060	144	3644	6756
5	3385	215		60	115	30	20	3825	180	4555	8445
6	4062	258		72	138	36	24	4590	216	5466	10134
7	4739	301		84	161	42	28	5355	252	6377	11823
8	5416	344		96	184	48	32	6120	288	7288	13512
9+	6085	387	101	120	202	75	35	7005	317	8192	15312

*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.