

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.

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**I. Employee – Please complete this Section**

Employee Name	Personnel No.	SSN	Campus Office Address
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	SSN	Relationship
Date of Birth (if child)	Campus Enrolled	Academic Term and Year

**Employee Certification:**

I hereby certify that the above information is correct and that I and my spouse or dependent child meet the eligibility requirements for a student fee discount at The University of Tennessee in accordance with **Personnel Policy 331, Educational Assistance (Student Fee Discount) for Spouses and Dependent Children of Employees.** I understand that it is my responsibility to notify the Human Resource Office of any change in my eligibility for this benefit. I also understand that any falsification of this information or misrepresentation of facts may result in disciplinary action, liability for repayment of fees, or other legal actions.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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**II. Department Head – Please verify the account number(s) above and complete this section**

I hereby certify that to the best of my knowledge the above named employee and spouse or dependent child are eligible for this benefit.

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

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**III. Human Resources Office – Complete this Section**

Regular Continuous Service Date \_\_\_\_\_ Percent Full-Time \_\_\_\_\_  
Approved \_\_\_\_\_ Date \_\_\_\_\_

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**IV. Business Office (Fees Collection) – Complete this Section**

Fee Receipt Number \_\_\_\_\_ Amount Waived \_\_\_\_\_  
Date \_\_\_\_\_ Initials \_\_\_\_\_