| (To be co | mpleted by the em | | H | UNIVERSITY OF TE IEALTH SCIENCE CI SOARD OF RE P-130 FORI | ^{ENTER} GENTS SCI | HOOLS | | Austi Dyer Jacks Mido SW T TN So Univ Othe | rsburg son Sta dle TN TN Cor chool rersity er | ne: y State State L ate Cor State L mm. Co of Tech of Mer | Jniv. mm. Jniv. ollege n. mphis |
|---|-------------------|----------------|-----------|--|-------------------------------|-------------------|-------|---|---|--|--|
| Semeste | r | _Year | | | | UT Personr | nel # | / SSN | l: | | |
| Name | | | | | | S.I.D. # | : | | | | |
| Home A | ddress | Street | City | State | Zip | Phone: | (|) | | - | |
| Name of | Employing Instit | | | n Science Center | Σiþ | Phone: | (|) | | - | |
| As a full-time faculty or staff member of a Tennessee public college, university or vocational-technical school, I understand that pursuant to Chapter 191 of the Public Acts of 1985: 1. I am entitled to a waiver of fees for one course per term or semester at any public college, university, or vocational-technical school in the State of Tennessee. 2. I will be assessed and expected to pay fees at the prevailing term or semester hour rate for all courses taken in excess of one course per term or semester. 3. Should I cease to be employed on a regular full-time basis by a Tennessee public college, university, or vocational-technical school, I will not be eligible for this benefit in the future. 4. If following my enrollment in a course and if upon verification of my employment status, I am found to be ineligible for this benefit; I will be responsible for payment of all previously waived fees plus any other applicable charges. | | | | | | | | | | | |
| Course # | ¥ | Course Title | | | | | _Hr | s. of | Credit | | |
| Section | # | Course Begin D | ate | | Cc | ourse End Dat | e | | | | |
| | | | | | Ar | nticipated Gra | duat | ion D | ate | | |
| Adminis | tration Approval | | | | | Date | | | | | |
| HUMAN | RESOURCES C | OMPLETES THIS | S SECTION | | | | | | | | |
| Date of Regular Employment | | | | | | Percent Full-time | | | | | |
| Approved | | | | | | | | | | | |
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Note to accepting institutions: This employee has been approved to participate in the P-130 Program. The accepting institution/school will not be liable for any fees due as a result of the above employee's enrollment in the referenced class.