

The University of Tennessee Health Science Center
SPOUSE AND/OR DEPENDENT CHILDREN STUDENT FEE DISCOUNT FORM
(Retirees or Deceased Employees)
 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.

EMPLOYEE NAME			HR USE ONLY		
SPOUSE'S NAME		SOCIAL SECURITY NUMBER		EXP. DATE	
DEPENDENT CHILDREN 26 YEARS OF AGE OR UNDER					
NAME	Academic Term & Year	INSTITUTION	SOCIAL SECURITY NO.	DATE OF BIRTH	EXP. DATE

I hereby certify that the above information is correct and that the name(s) listed above 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.

Signature of Retiree or Employee's next of kin

Date

Relationship to Employee (If next of kin)

NOTE: If spouse or dependent child is receiving Title IV Aid, the Financial Aid Office must be notified as this benefit may require adjustment of Financial Aid awarded.

To Be Completed by the Human Resources Department

Employee Name _____ Job Class Number _____

Social Security Number _____ Percent Full Time _____

Regular Continuous Service Date _____ Responsible Account Number _____

Personnel Number _____ Responsible Account Number _____

Former Department _____ Date of Retirement/Death _____
(Circle One)

Approved _____ Date _____

Business Office (Fees Collection) - Complete this Section

<i>Fee Receipt Number:</i>	<i>Amount Waived:</i>
<i>Date:</i>	<i>Initials:</i>