

The University of Tennessee Health Science Center
CERTIFICATE OF INTENT
(RETIREES)

I understand that through my participation in the Fee Waiver Educational Assistance Program, I am assuming certain obligations and responsibilities to The University of Tennessee Health Science Center.

I have read and understand the following statements and I agree that:

- A. Should I fail to pass the course(s), or
- B. Should I, of my own volition, fail to complete the above course(s) listed on the Fee Waiver Form, or
- C. Should I receive educational assistance from any other source for these charges (such as Veteran's benefits, etc.)

I am then obligated to reimburse the University in a lump sum payment for the amount of tuition waived. **I agree to authorize the institution in which I am enrolled, to furnish a copy of my grades to The University of Tennessee Health Science Center, Human Resources within thirty (30) days of completion of the course(s).** Failure to meet the above conditions requires full repayment for the amount of tuition waived within sixty (60) days of the completion of the course(s).

PLEASE PRINT BELOW

NAME _____ **SSN** _____ **PERSONNEL. NO.** _____

FORMER DEPARTMENT _____ **JOB TITLE** _____

HOME ADDRESS _____ **HOME PHONE** _____

EMAIL ADDRESS _____ **ALTERNATE PHONE** _____

Are you eligible for student benefits as a veteran? Yes No

Do you receive or plan to request such assistance? Yes No

SIGNATURE _____

DATE _____