THE UNIVERSITY OF TENNESSEE **Request for Student Fee Discount** For Spouse and Dependent Child

This form is used to request approval for a student fee discount for undergraduate students in accordance with 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 to your Human Resources Office at least 20 days prior to registration to ensure adequate time for processing. The approved form will be returned to you.

I. **EMPLOYEE**—Please complete this section as applicable.

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	Personnel No.	SSN	Campus/Office	e Address Campus/ Office Phone No		
Spouse/Dependent Child In	formation:					
Name of Spouse/Dependent Child Date of Birth (if Child) Distributions:		SSN Campus Enrolled		Relationship Academic Term and Year		
						Department
Department		Cost Center/WBS		Percent of Effort		
Department		Cost Center/WB		Percer	nt of Effort	
require adjustment of Financial Ai Opportunity Grants, Stafford Loar Office. Employee Certification:						
I hereby certify that the abov requirements for a student fee dis Assistance (Student Fee Disco responsibility to notify the Humar falsification of this information or other legal actions.	scount at The Universit bunt) for Spouses a n Resource Office of a	ty of Tennessee in a and Dependent Cl any change in my e	accordance with Pe hildren of Employ ligibility for this be	rsonnel Po vees. I un enefit. I al	blicy 331, Education Inderstand that it is so understand that	
Employee Signature					Date:	
Note: The University reserves the keeping with the "parent/child" con		enefit if the relation	ship of the employe	ee to the b		
Recping with the parenty child col					enefit recipient is no	
DEPARTMENT HEAD —Please of I hereby certify that to the best of benefit.	•	bove name employe	ee and spouses or o	lependent o		
DEPARTMENT HEAD —Please of I hereby certify that to the best of	•	bove name employ	ee and spouses or c	dependent o Date: _		
DEPARTMENT HEAD —Please of I hereby certify that to the best of benefit.	f my knowledge the al	bove name employo		Date: _		
DEPARTMENT HEAD—Please of I hereby certify that to the best of benefit. Dept. Head Signature	f my knowledge the al			Date: _		
DEPARTMENT HEAD—Please of I hereby certify that to the best of benefit. Dept. Head Signature HUMAN RESOURCES—Complet	f my knowledge the al			Date: Percent Full-time:	child are eligible for	
DEPARTMENT HEAD—Please of I hereby certify that to the best of benefit. Dept. Head Signature HUMAN RESOURCES—Comple Regular Continuous Service Date:	f my knowledge the al			Date: Percent Full-time:	child are eligible for t	
DEPARTMENT HEAD—Please of I hereby certify that to the best of benefit. Dept. Head Signature HUMAN RESOURCES—Comple Regular Continuous Service Date: Approved:	f my knowledge the al	his Section		Date: Percent Full-time: Date:	child are eligible for t	