

# SOUTHWEST

## TENNESSEE COMMUNITY COLLEGE

### REQUEST FOR FEE DISCOUNT FOR SPOUSE AND/OR DEPENDENT

This is to request approval for a fee discount for undergraduate courses in accordance with Tennessee Board of Regents (TBR) Guideline P-131, Educational Assistance for Spouses and Dependent Children of Employees.

**Instructions:** Please complete Sections I and II which provide information concerning the employee and the spouse-dependent for whom the fee discount is to be provided. (Employee refers to current employee, retiree, or deceased employee/retiree.) Upon completion, forward this form to your Human Resource Officer prior to registration. If approved, the original and two copies will be returned to the signee. The original and one copy of this form must be presented by the spouse or dependent to the fees cashier at registration at the campus where enrolled.

#### I. EMPLOYEE AND SPOUSE/DEPENDENT INFORMATION

Employee name \_\_\_\_\_ SSN \_\_\_\_\_

Spouse/dependent name \_\_\_\_\_ SSN \_\_\_\_\_

Relationship  Spouse  Dependent Age of dependent \_\_\_\_\_

Institution to be attended \_\_\_\_\_ Quarter/semester \_\_\_\_\_

#### II. ELIGIBILITY CERTIFICATION AND FINANCIAL AID STATEMENT

I hereby certify that the above information is correct. I also certify that I and my spouse or dependent meet the eligibility requirements for a fee discount in accordance with TBR Guideline P-131, Educational Assistance for Spouses and Dependent Children of Employees. I understand that it is my responsibility to notify the Human Resources Office of any change in my eligibility for this benefit.

I will notify the Financial Aid Office of any Title IV financial aid, as this benefit may require an adjustment of financial aid received. I understand that Title IV Aid includes national direct student loan, college work study, supplemental educational opportunity grants, Pell grants, and other student aid programs administered by TBR of the University of Tennessee (UT).

\_\_\_\_\_  
*Employee/Retiree/Spouse/Dependent of deceased employee*

\_\_\_\_\_  
*Date*

#### III. INSTITUTION/TECHNOLOGY CENTER/CENTRAL OFFICE INFORMATION

##### A. HUMAN RESOURCES OFFICE

Date of regular employment \_\_\_\_\_

Percentage of employment (50 percent minimum required) \_\_\_\_\_

Date of retirement/death \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

##### B. BUSINESS OFFICE

Fee receipt \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

White copy: Business Office

Yellow copy: Human Resources

Pink copy: Employee