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 much 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 _____ Employee ID _____

Spouse/Dependent Name _____ Dependent / Spouse SSN (or Student ID if attending Southwest) _____

Account Number _____ Department Title _____

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 _____

Southwest Tennessee Community College, a Tennessee Board of Regents institution, is an affirmative action/equal opportunity college.