TENNESSEE BOARD OF REGENTS REQUEST FOR FEE DISCOUNT FOR SPOUSE AND/OR DEPENDENT

The following request is in accordance with Tennessee Board of Regents Guideline P-131, Educational Assistance for Spouses and Dependent Children of Employees.

Instructions: Please complete Sections I & II below which provide information concerning the employee and the spouse/dependent for which the fee discount is to be provided. (Employee refers to current employee, retiree, or deceased employee/retiree.) Upon completion, forward the form to the employee's home institution Office of Human Resources prior to registration.

I. Employee and Spouse/Dependent Information:	
Employee Name:	Employer:
ID number: Spouse/De	ependent Name:
Relationship: [] Spouse [] Dependent Cl	hild Age of dependent
Institution to be attended:	Quarter/Semester:
II. Eligibility Certification and Financia	l Aid Statement:
eligibility requirements for a fee discount in accord Dependent Children of Employees. I understand the of any change in my eligibility for this benefit. I will notify the Financial Aid Office of any Title I financial aid received. I understand that Title IV A supplemental educational opportunity grants, Pell §	ct. I also certify that I and my spouse or dependent meet the lance with TBR Guideline P-131, Fee Discounts for Spouses and at it is my responsibility to notify the Office of Human Resources V financial aid, as this benefit may require an adjustment of id includes national direct student loan, college work study, grants, and other student aid programs administered by TBR or
UT. Signature-Employee/Retiree/Spouse/Dependent of	Dacagsad Employee Data
III. Employing Institution:	Deceased Employee Date
A. Human Resources	
Date of Regular Employment:	Percentage of Employment:(50% Minimum)
Date of Retirement/Death:	Account # to charge (FOAP):
Approved: Director of Human Resources	Date
B. Business Office	
Fee Receipt: Amount:	