

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. The University will require satisfactory proof of the relationship or criteria qualifying an employee for eligibility under this policy. (See the reverse of this form for a list of acceptable documents.)

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.

Employee Name (please print)	Personnel No.	Campus/Office Address	Campus/ Office Phone No.
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Spouse/Dependent Child Information:

Name of Spouse/Dependent Child	Relationship
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Date of Birth (if Child)	Campus Enrolled	Academic Term and Year
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Distributions:

Department	Cost Center/WBS	Percent of Effort
Department	Cost Center/WBS	Percent of Effort
Department	Cost Center/WBS	Percent of Effort

NOTE: If the spouse or dependent child is receiving Title IV aid, you must notify the Financial Aid Office as this benefit may require adjustment of Financial Aid awarded. Title IV aid includes Perkins Loans, College Work-Study, Supplemental Education Opportunity Grants, Stafford Loans, Parent (PLUS) Loans, and other student aid programs administered by the Financial Aid Office.

Employee Certification:

I hereby certify that the above information is correct and that I and my spouse or dependent child meet the eligibility requirements for a student fee discount at The University of Tennessee in accordance with **Personnel Policy 331, Educational Assistance (Student Fee Discount) for Spouses and Dependent Children of Employees**. I understand that it is my responsibility to notify the Human Resource Office of any change in my eligibility for this benefit. I also understand that any falsification of this information or misrepresentation of facts may result in disciplinary action, liability for repayment of fees, or other legal actions.

Employee Signature _____ **Date:** _____

Note: The University reserves the right to deny this benefit if the relationship of the employee to the benefit recipient is not in keeping with the "parent/child" concept.

II. DEPARTMENT HEAD—Please complete this section.

I hereby certify that to the best of my knowledge the above name employee and spouses or dependent child are eligible for this benefit.

Dept. Head Signature _____ **Date:** _____

III. HUMAN RESOURCES—Complete this section.

Regular Continuous Service Date: _____ Full-time: _____

Approved: _____ **Date:** _____

IV. BUSINESS OFFICE (Fees Collection) – Complete this Section

Fee Receipt Number _____ Amount _____ Date _____ Initials _____

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Acceptable documents will include, but are not limited to:

- 1) If dependent is covered by health insurance. Eligibility can be verified through the Edison System, the IRIS Health insurance screen, or the System Insurance Office
- 2) If dependent is not covered by health insurance additional documentation can include:
 - Spouse - Marriage certificate or Tax return
 - Child - Birth/Adoption/Guardianship certificate or tax return showing dependent
 - Stepchild - Verification of marriage between employee and spouse and birth certificate of the child showing the relationship or any legal document that establishes relationship between the stepchild and the spouse or the employee