## The University of Tennessee Student Fee Discount for Spouse and/or Dependent Children

(of Retirees and Deceased Employees)

This form is to request approval for a student fee discount for undergraduate students in accordance with Personnel Policy 331, <u>Educational Assistance (Student Fee Discount) for Spouses and Dependent Children of Employees.</u>

EMPLOYEE NAME	To Be Completed by Human Resources
SPOUSE NAME	EXPIRATION DATE
DEPENDENT CHILDREN 26 YEARS OF AGE NAME DATE O	E OR UNDER DF BIRTH EXPIRATION DATE
I hereby certify that the above information is correct a requirements for a student fee discount at The University 331, Educational Assistance (Student Fee Discount) from the control of	sity of Tennessee in accordance with Personnel Policy
Signature of Retir	ree or Employee Next of Kin Date
Relationship to E	mployee (if next of Kin)
NOTE: If the spouse or dependent child is receiving as this benefit may require adjustment of Financial Ai	d awarded.
To Be Completed by Human Resources	
Employee Name	Job Class No
Personnel No.	Percent Full Time
Regular Continuous Service Date	Responsible Acct. No.
Date of Retirement/Death(Circle One)	
Approved:	
Human Resources Representative	

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