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, Educational Assistance (Student Fee Discount) for Spouses and Dependent Children of Employees.

EMPLOYEE NAME _____

SPOUSE NAME SOC. SEC. NUMBER

_____

DEPENDENT CHILDREN 26 YEARS OF AGE OR UNDER

NAME SOC. SEC. NO. DATE OF BIRTH

_____
_____
_____
_____

To Be Completed by Human Resources_____

EXPIRATION DATE

_____

EXPIRATION DATE

_____
_____
_____

I hereby certify that the above information is correct and that the names listed above 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.

_____ _____
Signature of Retiree or Employee Next of Kin Date

_____
Relationship to Employee (if next of Kin)

NOTE: If the spouse or dependent child is receiving Title IV aid, the Financial Aid Office must be notified as this benefit may require adjustment of Financial Aid 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 Date
****
Rev. 11/06