

**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/Dependent Name: \_\_\_\_\_

Relationship: [  ] Spouse [  ] Dependent Child      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, Fee Discounts for Spouses and Dependent Children of Employees. I understand that it is my responsibility to notify the Office of Human Resources 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 or UT.

\_\_\_\_\_  
Signature-Employee/Retiree/Spouse/Dependent of Deceased Employee

\_\_\_\_\_  
Date

**III. Employing Institution:**

**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: \_\_\_\_\_