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	pendent Name:
Relationship: [] Spouse [] Dependent Cl	nild 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 Aid III and III and III and III aid III and III aid III and III aid III ai	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,
supplemental educational opportunity grants, Pell g UT.	grants, and other student aid programs administered by TBR or
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:	