



To the treating physician of \_\_\_\_\_

(Name of student)

\_\_\_\_\_  
(Date of birth)

Pursuant to TCA § 49-7-113 Tennessee Tech University requires a yearly certificate from a physician or an agency charged with compensating the disabled person or adjudicating the permanent total disability of the person who is requesting admittance to classes that the person is “permanently totally disabled” as set forth in TCA § 4-7-113. The treating physician or agency must certify that the student meets these criteria. The above named student is requesting a fee waiver or discount under this program. If, in your professional opinion, your patient meets the criteria, please sign the attached certification. The complete TCA § 4-7-113 can be found on the back of the certification form.

If you have any questions, please contact our office at 931-372-3022.

Sincerely,

Melanie Kelley  
Financial Associate  
Enclosure

## Totally and Permanently Disabled Fee Waiver Tennessee Tech University

1. Information about this program can be found at [www.tntech.edu/bursar](http://www.tntech.edu/bursar) under the Tuition and Fees selection on the menu at the left side of the page. Click on Explanation of Tuition and Fees and scroll down to Fees Applicable to Disabled or Elderly Students.
2. Applicant must suffer from a permanent total disability that totally incapacitates the applicant from working at an occupation that brings the applicant an income.
3. Applicant cannot be sponsored by a Vocational Rehabilitation Program.
4. Applicant must be a resident of Tennessee.
5. The fee waiver is valid for one calendar year whether or not it is used each semester. For example, an eligible applicant who begins using the waiver at the beginning of the spring semester, will need to reapply prior to the beginning of the next spring semester.
6. Enrollment in courses is limited based on space availability. Applicants are required to register no sooner than four (4) weeks prior to the beginning of classes each semester. The specific date is published on the University Academic Calendar.
7. The fee waiver will be applied to the upcoming semester in which the student is approved by Tennessee Tech for participation. No waivers will be retroactively applied.

## 49-7-113. Disabled and elderly persons -- Auditing or enrollment.

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**(a)**

**(1)** Disabled persons suffering from a permanent total disability that totally incapacitates the person from working at an occupation that brings the person an income, and persons who have retired from state service with thirty (30) or more years of service, regardless of age, or persons who will become sixty (60) years of age or older during the academic quarter or semester, whichever is applicable, in which such persons begin classes and, who are domiciled in Tennessee, may audit courses at any state-supported college or university without paying tuition charges, maintenance fees, student activity fees or registration fees; however, this privilege may be limited or denied by the college or university on an individual classroom basis according to space availability.

**(2)** This section shall not apply at medical schools, dental or pharmacy schools, and no institution of higher education shall be required to make physical alterations of its buildings or other facilities to comply with this section.

**(3)** Prior to admittance, the university or college involved may require an affidavit or certificate from a physician or an agency charged with compensating the disabled person or adjudicating the permanent total disability of the person who is requesting admittance to classes that the person is permanently totally disabled as set forth in subdivision (a)(1).

**(4)** A student who is receiving services under federal or state vocational rehabilitation programs is not eligible for a waiver of tuition and fee benefits under this section.

**(b)** Subject to the same terms and conditions as provided in subsection (a), disabled persons, as defined in subsection (a), and persons who will become sixty-five (65) years of age or older during the academic quarter or semester, whichever is applicable, in which such persons begin classes and, who are domiciled in this state, may be enrolled in courses for credit at state-supported colleges and universities without payment of tuition charges, maintenance fees, student activity fees or registration fees, except that the board of trustees of the University of Tennessee and the board of regents of the state university and community college system may provide for a service fee that may be charged by the institutions under their respective jurisdictions, the fee to be for the purpose of helping to defray the cost of keeping the records of such students and not to exceed forty-five dollars (\$45.00) a quarter or seventy dollars (\$70.00) a semester.

## History

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Acts 1974, ch. 623, § 1; 1976, ch. 502, § 1; 1977, ch. 28, § 1; 1980, ch. 842, §§ 1, 2; T.C.A., § 49-3251; Acts 1997, ch. 360, § 1; 2002, ch. 788, § 6; 2006, ch. 913, § 1.



## CERTIFICATION OF PERMANENT, TOTAL DISABILITY

Student's (Patient's) Name \_\_\_\_\_

Student's (Patient's) Date of Birth \_\_\_\_\_

Date of Disability (when treating physician began treatment of student above) \_\_\_\_\_

Date Disability ended or N/A for not applicable \_\_\_\_\_

As the treating physician for the above named individual, I do hereby certify as follows:

1. I have knowledge of the facts set forth hereinafter, which are true and correct to my personal and professional knowledge and belief.
2. I am the treating physician for the above named student and am aware of his/her medical condition.
3. \_\_\_\_\_ has a permanent, total disability that totally  
(Name of Student/Patient)  
Incapacitates them from working at an occupation which brings him/her an income.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Number of Treating Physician: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_