

Tennessee Tech University

Totally and Permanently Disabled / Elderly Fee Waiver Application

Authority: Tennessee Code Annotated § 49-7-113

Physician or Agency Certification Request

To the treating physician or authorized agency for the student identified below. Tennessee Tech University requires annual certification that the student is permanently and totally disabled, as defined in Tennessee Code Annotated § 49-7-113, in order to qualify for a fee waiver or discount.

Student Name: _____

Date of Birth: _____

If, in your professional opinion, the student meets these statutory criteria, please complete and sign the certification included in this document. The full statutory language is provided below.

Program Information and Eligibility Requirements

1. Program details are available at www.tntech.edu/bursar under Tuition and Fees.
2. The applicant must suffer from a permanent total disability that totally incapacitates the applicant from working at an occupation that provides income.
3. The applicant may not be sponsored by a Vocational Rehabilitation Program.
4. The applicant must be a resident of the State of Tennessee.
5. The fee waiver is valid for one calendar year and must be renewed annually if eligibility continues.
6. Enrollment is subject to space availability. Registration may occur no sooner than four (4) weeks prior to the beginning of classes, as published in the Academic Calendar.
7. Fee waivers apply only to the upcoming approved semester and are not retroactive.

Statutory Reference – Tennessee Code Annotated § 49-7-113

Disabled persons suffering from a permanent total disability that totally incapacitates the person from working at an occupation that brings income, and eligible elderly persons domiciled in Tennessee, may audit or enroll in courses at state-supported institutions without payment of tuition and certain fees, subject to statutory conditions, institutional approval, and space availability.

Certification of Permanent, Total Disability

Student (Patient) Name: _____

Student (Patient) Date of Birth: _____

Date Disability Began: _____

Date Disability Ended (or N/A): _____

As the treating physician for the individual named above, I certify that the student has a permanent, total disability that totally incapacitates the student from working at an occupation which brings income.

Physician Signature: _____ Date: _____

License Number: _____

Office Phone: _____

Office Address: _____

Submission Information

If you have questions, please contact the Tennessee Tech University Bursar's Office at 931-372-3022. Return the completed certification to the Bursar's Office.