

**TENNESSEE BOARD OF REGENTS
REQUEST FOR FEE DISCOUNT FOR SPOUSE AND/OR DEPENDENT**

This is to request a fee discount for **undergraduate courses only** in accordance with Tennessee Board of Regents Guideline P-131, Educational Assistance for Spouses and Dependent Children of Employees.

INSTRUCTIONS: Please complete Section I below and forward the original white copy of this form to the Human Resources Office **two weeks prior to registration for timely processing.** Your credit won't show up on your student account until after you have registered.

I. EMPLOYEE SHOULD COMPLETE THIS SECTION.

_____ Employee's Name		_____ Tech T#	
_____ Tennessee Tech Campus Box		_____ TTU Phone or Cell #	
_____ Spouse/Dependent's Name		_____ Tech T# or last four digits of SSN	
Relationship: () Spouse () Dependent Child		If Child:	_____
		Age	_____
			Birthday _____
Institution where enrolled _____			
_____ Term Enrolled	_____ Anticipated Number of Credit Hours	_____ Value of Discount	

EMPLOYEE CERTIFICATION:

I hereby certify that the above information is correct and that I am currently an employee at a TBR institution or area school with employment of 50% time or more. 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, Educational Assistance for Spouses and Dependent Children of Employees. **Definition of Dependent Children for educational discounts:** a. The employee's natural children 26 years of age or under; b. The employee's stepchildren who are 26 years of age or under **and** living with the employee in a parent/child relationship; c. The employee's legally adopted children who are 26 years of age or under; or d. Any other individuals who are 26 years of age or under and living in a parent/child relationship with the employee, such as children of deceased parents who are being raised by a grandparent who is a System employee. I understand that it is my responsibility to notify the Human Resource Services Office 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 of Employee/Retiree/Dependent of Deceased Employee

Date

II. APPROVAL FROM UNIVERSITY OFFICES

Date of Regular Employment _____ Percent Full-Time _____

Date of Retirement/Death _____

Human Resources/Approved _____ Date _____

Financial Aid Office/Post Credit _____ Date _____

Account Code