

PUBLIC HIGHER EDUCATION FEE WAIVER

FOR EMPLOYEES OF STATE OF TENNESSEE

The employer's certification should be obtained no earlier than June 1 for Fall, October 1 for Spring and March 1 for Mini-Term and Summer sessions. A separate discount form must be submitted to the Bursar's Office for each semester the student enrolls.

Higher Education Institution: _____

Term: Fall Spring Summer Other Year: _____

Employee/Applicant Information

Full Name: _____

Edison ID No.: _____ Phone No.: _____

Address: _____ City, State, Zip Code: _____

Employment by State of Tennessee: Full-Time Part-Time
 Employed by State for six continuous months or more

Department: _____ Title: _____

Work Location: _____ Phone No.: _____
City

Under the penalties of perjury, I certify that I am currently employed by the State of Tennessee as described above, with at least six months. continuous State service, scheduled to work 1,950 or more hours per year, or scheduled to work 1,600 or more hours and receiving all benefits provided to full-time State employees; that I have received a copy of the rules and regulations for the fee waiver program and that I am eligible under the rules; and that all of the above information is true, correct, and complete. If following enrollment, I am found to be ineligible for this benefit, I acknowledge that I will be responsible for payment of all previously waived fees plus any other applicable charges.

Signature: _____ Date: _____

EMPLOYER'S CERTIFICATION

I that the above named employee/applicant is currently employed by the State of Tennessee as described above, with at least six months of continuous State service, is scheduled to work 1,950 or more hours per year or scheduled to work 1,600 or more hours and receiving all benefits provided to full-time State employees, and to the best of my knowledge is eligible for this fee waiver program.

Signature: _____ Date: _____

Title: _____ Phone No: _____

Address: _____ City, State, Zip Code: _____

FOR INSTITUTIONAL USE

Eligible Fee Waiver Amount: \$

Accepted By:Date:

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