

PUBLIC HIGHER EDUCATION FEE WAIVER
For Employees of State of Tennessee

Higher Education Institution _____
Term: Fall Spring Summer Other Year: 19____

Employee/Applicant Information:
Full Name: _____ S.S. # _____
Address: _____ Phone No. () _____

Employment by State of Tennessee: Full-Time Part-Time

Department: _____

Work Location: _____ Phone No. () _____

Employed by State for six continuous months or more

Under the penalties of perjury, I certify that I have received a copy of the rules and regulations for the fee waiver program, that I am eligible under the rules, and that all of the above information is true, correct, and complete. If following enrollment the employee is found to be ineligible for this benefit, the employee will be responsible for payment of all previously waived fees plus any other applicable charges.

Signature: _____ Date: ____/____/____

EMPLOYER'S CERTIFICATION

I certify 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, and is eligible for this fee waiver program, to the best of my knowledge.

Signature: _____ Date: ____/____/____

Title: _____ Phone No. () _____

Address: _____

INSTITUTION'S ACCEPTANCE

Eligible Fee Waiver Amount \$ _____

Accepted By: _____ Date: ____/____/____