PUBLIC HIGHER EDUCATION FEE WAIVER

FOR EMPLOYEES OF STATE OF TENNESSEE

Higher Education Institution: _____

Term: ☐ Fall ☐ Spring ☐ Summer ☐ Other Year: _____

Employee/Applicant Information

Full Name: _____

Edison ID No.: _____ Phone No.: _____

Address: _____ Student ID No.: _____

_____ 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.

Employee 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 1950 or more hours per year, or scheduled to work 1600 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.

☐ By checking this box, I further certify that the employee is **required** by this employer to work more hours each week than typically required of full-time employment for at least four (4) weeks per year, and is exempt from the requirement in T.C.A. § 8-50-114 that the waiver be used for only one (1) course at a time.

Signature: _____ **Date:** _____

Title: _____ Phone No.: _____

Address: _____

_____ City, State, Zip Code: _____

Employee must submit the completed form to the enrolling higher education institution for processing.

FOR INSTITUTIONAL USE

Eligible Fee Waiver Amount: $_____

Accepted By: _____ Date: _____

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