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: ____________________________________________ 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  □ Employee is certified as exempt pursuant to T.C.A. 49-7-166.

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, 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: ___________

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

FOR INSTITUTIONAL USE

Eligible Fee Waiver Amount: $____________
Accepted By: _________________________ Date: ________________