

# 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.**

**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: \_\_\_\_\_

