

**PELLISSIPPI STATE TECHNICAL COMMUNITY COLLEGE  
REQUEST FOR FEE DISCOUNT FOR SPOUSE AND/OR DEPENDENT**

This is to request approval for a fee discount for undergraduate courses in accordance with Tennessee Board of Regents Guideline P-130, Educational Assistance for Spouses and Dependent Children of Employees.

Instructions: Please complete Sections I & II below which provide information concerning the employee and the spouse/dependent for which the fee discount is to be provided. (Employee refers to current employee, retiree, or deceased employee/retiree.) Upon completion, forward this form to your Human Resource Officer prior to registration.

**I. Employee and Spouse/Dependent Information:**

\_\_\_\_\_  
Employee Name Employee ID

\_\_\_\_\_  
Spouse/Dependent Name Social Security Number

Relationship: [ ] Spouse [ ] Dependent \_\_\_\_\_ Age of Dependent

Institution to be attended \_\_\_\_\_

Quarter/Semester \_\_\_\_\_ Year \_\_\_\_\_

**II. Eligibility Certification and Financial Aid Statement:**

I hereby certify that the above information is correct. I also certify that I and my spouse or dependent meet the eligibility requirements for a fee discount in accordance with TBR Guideline P-130, Fee Discounts for Spouses and Dependent Children of Employees. I understand that it is my responsibility to notify the Office of Human Resources of any change in my eligibility for this benefit.

I will notify the Financial Aid Office of any Title IV financial aid, as this benefit may require an adjustment of financial aid received. I understand that Title IV Aid includes national direct student loan, college work study, supplemental educational opportunity grants, Pell grants, and other student aid programs administered by TBR or UT.

\_\_\_\_\_  
Signature-Employee/Retiree/Spouse/Dependent of Deceased Employee Date

**III. Institution/Technology Center/Central Office Information:**

A. Human Resources Office

Date of Regular Employment \_\_\_\_\_

Percentage of Employment \_\_\_\_\_ (50% Minimum Requirement)

Date of Retirement/Death \_\_\_\_\_

Approved \_\_\_\_\_ Date

B. Business Office

Fee Receipt \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_