Tennessee Board of Regents
Request for Fee Discount for Spouse and/or Dependent
Columbia State Community College

The following request is in accordance with Tennessee Board of Regents Guideline P-131 and Columbia State Policy 05:18:01, Educational Assistance for Spouses and Dependent Children of Employees.

Employee 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.) Forward this form to the Human Resource Officer prior to registration at the institution to be attended. When the form is verified and returned, provide the form to the institution your spouse or dependent is attending.

I. Employee and Spouse/Dependent Information:

_____ ID #: _____ _____

Employee Name | Employing Institution of Employee

_____

Spouse or Dependent Name

Relationship ☐ Spouse ☐ Dependent

If dependent, list age as of the start of the semester: _____
(Dependent must be age 26 or under at start of semester)

Dependent Relationship:	☐ Employee's Natural or Legally Adopted Child	☐ Employee's stepchild living with employee in a parent/child relationship	☐ Other individual living in a parent /child relationship with the Employee (Provide explanation on additional sheet)

Institution to be attended: _____ Term: ☐ Fall ☐ Spring ☐ Summer 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-131, 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 of: Employee/Retiree/Spouse/Dependent Of Deceased Employee | Date

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III. Employing Institution Verification:

A. Human Resources Office

Date of Regular Employment of Employee: _____ Percentage of Employment: _____ %
(50% Minimum Requirement)

Date of Retirement or Death: (if applicable) _____

Approved: _____ _____

Director of Human Resources or Designate | Date

For Institutional Use Only:

B. Business Office: Fee Receipt: _____ Amount: $ _____

Date: _____ Initials: _____