

**UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER SCHEDULE OF MAINTENANCE, TUITION AND FEES EFFECTIVE FALL 2026
(Fees shown are for One Semester Only)**

College of Medicine - Year 1

Hours	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	Malpractice Insurance (Fall only)	Disability Insurance	In-State Total	Out-of-State Tuition Difference	*Out-of-State Total
1	2087	48	12	3	14	22	24	2210.00	1142	3,352.00
2	4174	96	24	6	28	22	24	4374.00	2284	6,658.00
3	6261	144	36	9	42	22	24	6538.00	3426	9,964.00
4	8348	192	48	12	56	22	24	8702.00	4568	13,270.00
5	10435	240	60	15	70	22	24	10866.00	5710	16,576.00
6	12522	288	72	18	84	22	24	13030.00	6852	19,882.00
7	14609	336	84	21	98	22	24	15194.00	7994	23,188.00
8	16696	384	96	24	112	22	24	17358.00	9136	26,494.00
9+	18780	425	100	25	120	22	24	19496.00	10275	28,876.00

College of Medicine - Year 2

Hours	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	Malpractice Insurance (Fall only)	Disability Insurance Fall	In-State Total	Out-of-State Tuition Difference	*Out-of-State Total
1	2087	48	12	3	14	22	24	2210.00	1142	3,352.00
2	4174	96	24	6	28	22	24	4374.00	2284	6,658.00
3	6261	144	36	9	42	22	24	6538.00	3426	9,964.00
4	8348	192	48	12	56	22	24	8702.00	4568	13,270.00
5	10435	240	60	15	70	22	24	10866.00	5710	16,576.00
6	12522	288	72	18	84	22	24	13030.00	6852	19,882.00
7	14609	336	84	21	98	22	24	15194.00	7994	23,188.00
8	16696	384	96	24	112	22	24	17358.00	9136	26,494.00
9+	18780	425	100	25	120	22	24	19496.00	10275	28,876.00

Out of state total is calculated by adding all the fees included in the in-state total plus an out of state tuition differential.

If you are a part-time student, you will pay tuition and/or maintenance fee at the semester hour rate, the total not to exceed the maximum amount indicated above. The minimum charge is equivalent to two hours at the semester hour rate.

****Step 1 Exam Prep Fee \$220 M1 & M2 only. ***COM Student Resource Fee \$502 (M1)**

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College of Medicine - Year 3

	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	Malpractice Insurance (Fall only)	Disability Insurance	In-State Total	Out-of-State Tuition Difference	*Out-of-State Total
Hours										
1	2087	48	12	3	14	35	24	2223	1142	3365
2	4174	96	24	6	28	35	24	4387	2284	6671
3	6261	144	36	9	42	35	24	6551	3426	9977
4	8348	192	48	12	56	35	24	8715	4568	13283
5	10435	240	60	15	70	35	24	10879	5710	16589
6	12522	288	72	18	84	35	24	13043	6852	19895
7	14609	336	84	21	98	35	24	15207	7994	23201
8	16696	384	96	24	112	35	24	17371	9136	26507
9+	18780	425	100	25	120	35	24	19509	10275	29784

College of Medicine - Year 4

	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	Malpractice Insurance (Fall only)	Disability Insurance	In-State Total	Out-of-State Tuition Difference	*Out-of-State Total
Hours										
1	2087	48	12	3	14	35	24	2223	1142	3365
2	4174	96	24	6	28	35	24	4387	2284	6671
3	6261	144	36	9	42	35	24	6551	3426	9977
4	8348	192	48	12	56	35	24	8715	4568	13283
5	10435	240	60	15	70	35	24	10879	5710	16589
6	12522	288	72	18	84	35	24	13043	6852	19895
7	14609	336	84	21	98	35	24	15207	7994	23201
8	16696	384	96	24	112	35	24	17371	9136	26507
9+	18780	425	100	25	120	35	24	19509	10275	29784

Out of state total is calculated by adding all the fees included in the in-state total plus an out of state tuition differential.

If you are a part-time student, you will pay tuition and/or maintenance fee at the semester hour rate, the total not to exceed the maximum amount indicated above. The minimum charge is equivalent to two hours at the semester hour rate.

**UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER SCHEDULE OF MAINTENANCE, TUITION AND FEES EFFECTIVE FALL 2026
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Physician Assistant**

Hours	Maintenance Fee	Program & Services Fee	Health Service Fee	Other Dedicated Fees	Technology Fee	Malpractice Insurance (Fall only)	Board Review fees	In-State Total	Out-of State Tuition Difference	*Out-of-State Total
1	1384	48	12	3	14	10	364	1835	1014	2849
2	2768	96	24	6	28	10	364	3296	2028	5324
3	4152	144	36	9	42	10	364	4757	3042	7799
4	5536	192	48	12	56	10	364	6218	4056	10274
5	6920	240	60	15	70	10	364	7679	5070	12749
6	8304	288	72	18	84	10	364	9140	6084	15224
7	9688	336	84	21	98	10	364	10601	7098	17699
8	11072	384	96	24	112	10	364	12062	8112	20174
9+	12455	425	100	25	120	10	364	13499	9130	22629

*Out-of-state total is calculated by adding all the fees included in the in-state total plus an out-of-state tuition differential.

If you are a part-time student, you will pay tuition and /or maintenance fee at the semester hour rate, the total not to exceed the maximum amount indicated above.

The minimum charge is equivalent to two hours at the semester hour rate.

***All Physician Assistant students will be charged \$45 per semester for PA MED Equipment.

***PA Board review fee \$364 per semester