☐ FACULTY
☐ STAFF
☐ RETIREE

☐ UNDERGRADUATE
☐ GRADUATE

TENNESSEE BOARD OF REGENTS
FEE WAIVER AUTHORIZATION AND INVOICE

SELECT COURSE TYPE FROM THIS LIST:

☐ REGENTS ONLINE DEGREE PROGRAM (RODP)
☐ ONLINE CLASSES

BILLING ADDRESS:
The University of Tennessee Health Sciences
Department of Human Resources
Attn: Benefits Department
910 Madison Ave, Suite 753
Memphis, TN 38163

SERVICES AUTHORIZED FOR:

SSN/ UT PERSONNEL NUMBER_____

NAME_____

STUDENT IDENTIFICATION NUMBER_____

ACCOUNT NAME _____

ACCOUNT NUMBER _____

Course No.	Section No.	Course Title	Begin Date	End Date	Hours	Authorized Amount (HR USE ONLY)
				Totals		

This authorization is for registration for the_____term/semester, 20_____**ONLY**. This authorization is for the course(s) named above. In the event there are changes in the course(s) described above, the supervisor must be informed and approval of the changes documented and mailed to 1.) Human Resources, 910 Madison Avenue, Suite 753 Memphis, TN 38163 and 2.) the school the employee is attending. The employee agrees to reimburse the Educational Assistance account for failure to complete the course(s) or undocumented changes. In addition, the employee authorizes the school at which these courses are taken to provide to UT Human Resources a copy of their grades at the end of the session.

EMPLOYEE SIGNATURE **DATE** **PHONE NUMBER/EXTENSION**

EDUCATIONAL ASSISTANCE APPROVALS

I certify the following as required by the Educational Assistance Policy, Personnel Policy HR 330 and Procedure Manual, Section III, that the above employee is a regular full time employee or regular part-time (50% or greater) or eligible retiree, and is eligible to participate under the revised guidelines.

AUTHORIZATION IS HEREBY GRANTED FOR THE ABOVE COURSE(S) IF OFFERED AS SCHEDULED.

(Approval of Supervisor) Date

(Signature of Approving Officer- HR) Date

(Approval of Department Chairman or Director) Date

(Budget Approval) Date

Revised 10/2026

The University of Tennessee Health Sciences

CERTIFICATE OF INTENT

(*RETIREES*)

I understand that through my participation in the Fee Waiver Educational Assistance program, I am assuming certain obligations and responsibilities to The University of Tennessee Health Sciences.

I have read and understand the following statements and I agree that:

A. Should I fail to pass the course(s), or

B. Should I, of my own volition, fail to complete the above course(s) listed on the Fee Waiver form, or

C. Should I receive educational assistance from any other source for these charges (such as Veteran's benefits, etc.)

I am then obligated to reimburse the University in a lump sum payment for the amount of tuition waived. **I agree to authorize the institution in which I am enrolled, to furnish a copy of my grades to The University of Tennessee Health Sciences, Human Resources within thirty (30) days of completion of the course(s).** Failure to meet the above conditions requires full repayment for the amount of tuition waived within sixty (60) days of the completion of the course(s).

PLEASE PRINT BELOW

NAME_____ **SSN** _____ **PERSONNEL. NO.**_____

FORMER DEPARTMENT_____ **JOB TITLE**_____

HOME ADDRESS_____**HOME PHONE**_____

EMAIL ADDRESS_____ **ALTERNATE PHONE**_____

Are you eligible for student benefits as a veteran? Yes ☐ No☐

Do you receive or plan to request such assistance? Yes ☐ No☐

SIGNATURE_____ **DATE**_____