

Middle Tennessee State University Request for Fee Discount for Spouse and/or Dependent



The following request is in accordance with MTSU Policy 831, Educational Assistance: Student Fee Discount for Spouses and Dependent Children of MTSU Employees.

Instructions: Please complete Sections I and 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 the completed form to Human Resource Services office before registration.

Section I. Employee and Spouse/Dependent Information

Name _____ ID No. _____

Spouse/Dependent Information

Spouse/Dependent Name _____ ID No. _____

Relationship: Spouse Dependent Age of Dependent _____

Institution to Be Attended _____ Quarter/Semester _____

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 MTSU Policy 831, Student Fee Discounts for Spouses and Dependent Children of Employees. I understand that it is my responsibility to notify the Human Resource Services office 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 state institutions.

_____ Signature _____ Date _____

Employee Retiree Spouse of Deceased Employee Dependent of Deceased Employee

Section II-A: Human Resource Services Complete This Section

Date of Regular Employment _____ Percent of Employment _____ Dept. of Charge _____
(50% min.)

Date of Retirement/Death _____

_____ Approved, Human Resource Services _____ Date _____

Section II-B: Business Office Complete This Section

Fee Receipt _____ Amount _____ Date _____ Initials _____