AUSTIN PEAY STATE UNIVERSITY
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 Section I below and forward to the Human Resources Office two weeks prior to registration. If approved, the original will be returned to you, and must be presented by your spouse or dependent to the cashier at registration at the campus where enrolled.

I. EMPLOYEE - COMPLETE THIS SECTION

Employee Name | Banner ID Number | Office Phone No. | P.O. Box

Institution Address | Academic Term/Year

If courses are taken at APSU, indicate campus: ☐ On-Campus ☐ AP Center @ Ft. Campbell

☐ Other TBR or UT Institution:

SPOUSE/DEPENDENT INFORMATION

Spouse/Dependent Name | Social Security Number

Relationship: ☐ Spouse ☐ Dependent (if dependent DOB)

EMPLOYEE CERTIFICATION

I hereby certify that the above information is correct and that I am currently an employee of a TBR institution or area school. I also certify that my spouse or dependent meets the eligibility requirements for a fee discount in accordance with TBR Guideline P-130. I understand that it is my responsibility to notify the Human Resources Office of any change in my eligibility for this benefit; and falsification of this information or misrepresentation of facts may result in liability for repayment of fees.

If the spouse or dependent is receiving Title IV Financial Aid, you must notify the Financial Aid Office, 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 the TBR or UT.

_____ _____
Signature Employee/Retiree/Spouse or Dependent of Deceased Employee | Date

II. HUMAN RESOURCES OFFICE - COMPLETE THIS SECTION

Date of Regular Employment _____ Percent of Full-Time _____ Date of Retirement/Death _____

Approved _____ Date _____

III. BUSINESS OFFICE - COMPLETE THIS SECTION:

Fee Receipt No. _____ Amount _____ Functional Area _____

Date _____ Initials _____ Reset