

Fee Waiver for Employees of State of Tennessee

Term(*separate form required for each term*): ___ Fall ___ Spring ___ Summer **Year: 200__**

Employee Full Name: _____

Social Security Number: _____ - _____ - _____ Phone No. (____) _____

Address: _____

Employment by State of Tennessee: ___ Full-Time ___ Part-Time

Department: _____

Work Location(City): _____ Phone No. (____) _____

____ Employed by State for six continuous months or more

____ Employed by State for less than six continuous months

Under the penalties of perjury, I certify that I have received a copy of the rules and regulations for the fee waiver program, that I am eligible under the rules, and that all of the above information is true, correct, and complete. If following enrollment the employee is found to be ineligible for this benefit, the employee will be responsible for payment of all previously waived fees plus any other applicable charges.

Signature: _____ Date ____ / ____ / ____

EMPLOYER'S CERTIFICATION

I certify that the above named employee/applicant is currently employed by the State of Tennessee as described above, with at least six months of continuous State service, is scheduled to work 1,950 or more hours per year, and is eligible for this fee waiver program, to the best of my knowledge.

Signature: _____ Date ____ / ____ / ____

Title: _____ Phone No. (____) _____

Address: _____

Print the document, complete the requested information throughout the form, obtain all the required signatures with dates, and submit fee waiver form to VSCC Financial Aid Office, 1480 Nashville Pike, Gallatin, TN 37066 or FAX to (615) 230-3487.

A separate form is required for each semester, and must be **submitted no later than the 10th day of the semester.**