

AUSTIN PEAY STATE UNIVERSITY Spouse/Dependent Discount Request ROTC ONLY



Instructions: Please complete Sections I & 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.) Upon completion, forward the form to the employee's home institution Office of Human Resources prior to registration.

I. Employee and Spouse/Dependent Information:

Employee Name:	Employer: <u>APSU ROTC</u>	
Spouse/Dependent Name:		
Relationship: [] Spouse [] Dependent Child	Age (<i>if dependent</i>):	
Institution attending:	Term:	

II. 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 APSU Policy 5:005. I understand that it is my responsibility to notify the Office of Human Resources 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 any TN State University

Signature-Employee/Retiree/Spouse/Dependent of Deceased Employee Date

III. Employing Institution:

A. Human Resources

Date of Regular Employment:	Percentage of Employn	nent: (50% Minimum)
Date of Retirement/Death:	FOAP: <u>110001-45</u>	401-62720-200
Approved: Human Resources	Date	
B. Student Account Services (SAS) Office		
Amount:	Applied:	Date: