## AUSTIN PEAY STATE UNIVERSITY REQUEST FOR FEE DISCOUNT FOR SPOUSE AND/OR DEPENDENT

The following request is in accordance with Tennessee Board of Regents Guideline P-131, Educational Assistance for Spouses and Dependent Children of Employees.

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:
ID number: Spouse/Depo	endent Name:
Relationship: [ ] Spouse [ ] Dependent Chi	ld Age of dependent
Institution to be attended:	Quarter/Semester:
II. Eligibility Certification and Financial	Aid Statement:
eligibility requirements for a fee discount in accordar Dependent Children of Employees. I understand that of any change in my eligibility for this benefit.	I also certify that I and my spouse or dependent meet the nee with TBR Guideline P-131, Fee Discounts for Spouses and it is my responsibility to notify the Office of Human Resources 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, ants, and other student aid programs administered by TBR or
Signature-Employee/Retiree/Spouse/Dependent of D	Deceased Employee Date
III. Employing Institution:	
A. Human Resources	
Date of Regular Employment:	Percentage of Employment: (50% Minimum)
Date of Retirement/Death:	Account # to charge (FOAP):
Approved: Director of Human Resources	Date
B. Business Office	
Fee Receipt: Amount:	