

RETURN TO:

The University of Tennessee
Office of Graduate & International Admissions
201 Student Services Building
Knoxville, TN 37996-0220

FOR OFFICE USE ONLY FEE WAIVER CODE _____ EFFECTIVE SEMESTER _____ WORK RULES PROVIDED _____
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GRADUATE APPLICATION FOR THE WORK RULE

**STATEMENT IN SUPPORT OF APPLICATION
FOR FEE CLASSIFICATION FOR PART-TIME STUDENTS**

This statement and questionnaire is to be completed by the NON-RESIDENT, PART-TIME STUDENT, who is requesting a waiver of the out-of-state portion of tuition and maintenance fees on the basis of FULL-TIME EMPLOYMENT in the State of Tennessee, according to Rules of Residency Classification, Chapter 1720-1-1 (Revised Fall 1986).

1. Name _____ UT ID _____

2. Local Address _____
Street City Zip Code

3. Local or Cellular Phone Number _____ Email Address _____
Area Code Number

4. Permanent Home Address _____
Street City State Zip Code

5. When did your present stay or employment in Tennessee begin? _____
Month Year

Where did you live before your present stay in Tennessee? _____

Why did you come to the State of Tennessee? _____

6. If you have previously attended the University of Tennessee, state periods of attendance.

7. If married, is your spouse now a college student? _____ Where? _____

Is your spouse employed? _____ Where? _____

8. List your full-time or the equivalent of full-time employment, based on a combination of part-time positions, in Tennessee. (Graduate Assistantships and Research Assistantships are not considered full-time employment.) Please provide name(s) of employer, location(s), and date(s) of hire.

PLEASE ATTACH LETTERS FROM EACH IN-STATE EMPLOYER.

Employer	Location	Date of Hire
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Employer	Location	Date of Hire
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9. What courses are you planning to take? (Maximum: 6 credit hours)

Course Number	Course Name	Credit Hours

10. **TO BE COMPLETED BY ALL APPLICANTS**

I understand that this fee classification review is for the _____ Semester only, and I must obtain letters from my employers for each subsequent semester of re-enrollment as a part-time student. I further understand that if I cease full-time employment or register for more than 6 credit hours, I will be subject to payment of out-of-state tuition for this semester and any future semester. With this in mind, I certify that the above statements are correct and complete.

Signature _____ Date _____

For Office Use Only

Applicant Notified by Email _____ Letter _____ Phone _____

Processed by _____ Date _____