

Part-Time Student Application for Full-Time Employees
Undergraduate Students Only

Effective Semester _____

To the Applicant:

This statement and questionnaire is to be completed by the NON-RESIDENT, PART-TIME STUDENT*, who is seeking the waiver for the out-of-state fee on the basis of FULL-TIME, PERMANENT EMPLOYMENT in the state of Tennessee; and who is not permanently living in the state according to *Regulations for Classifying Students In-State and Out-of-State for the Purpose of Paying University Fees and Tuition*.

*A “part-time” student is defined for the purpose of this fee classification as one registering for 11 semester hours or less of undergraduate credit for six semester hours or less of graduate or law credit. For further information, please go to [The Office of the University Registrar’s](#) website.

Please answer all of the following questions:

1. Student Identification Number (*Not SSN*) _____ Date: _____ 20____
2. Name _____
(Last Name) (First Name) (Middle Name)
3. Knoxville Address _____

4. Permanent Address _____
(Street & Number) (City) (State) (Zip Code)
5. Telephone Number: Home: _____ Work: _____
E-mail Address: _____
6. When did your present stay in Tennessee begin? _____
Month Year
7. Previous Address: _____

8. Why did you come to the state of Tennessee? _____

9. Are you married? _____
10. If married, is your spouse now a college student? _____
If yes, where? _____
11. If married, whom is your spouse employed with? _____
12. If you attended The University of Tennessee, Knoxville, indicate dates of attendance: _____

13. Indicate your full-time employer, location, and the dates you worked these positions in the state of Tennessee* (Graduate assistantships and Research Assistantships are not considered full-time positions.)

Employer: _____

Employer: _____

Location: _____

Location: _____

From: _____ to _____

From: _____ to _____

*Each in-state employment must be verified by a letter from the employer. This letter should indicate the permanency and likelihood of continued employment.

14. What courses are you planning to take?

Course Name & Number	Course Description	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

TO BE COMPLETED BY ALL APPLICANTS

I understand that this fee classification review is for the _____ semester only, and that I must personally initiate review action for each subsequent term of enrollment. I further agree that if I cease full-time employment or register as a full-time student, I will notify the university and will be responsible for payment of out-of-state fees for the above semester. I certify that the above statements are correct and complete.

Signature

Date

Please return to:

Undergraduate Residency Classifier
The University of Tennessee
201 Student Services Building
Knoxville, TN 37996-0200