



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” undergraduate student is defined for the purpose of this fee classification as one registering for no more than 11 hours of credit. Full-time employment is defined as an average of 35 hours or more per week. More than one job can be combined to obtain 35 hours per week or more. Federal Work Study is considered an educational benefit and cannot be included as part of employment. Official pay stubs, time cards, or tax statements may be requested at any time in order to show proof of employment; employment which involves cash payment and/or self-employment will not be considered unless official documentation such as the above can be provided.

Please provide the following information (incomplete applications may result in the denial of the application):

1. Student Identification Number (*Not SSN*) _____ Date: _____ 20____

2. Name _____
(Last Name) (First Name) (Middle Name)

3. Present Address _____

4. Permanent Address _____
(Street & Number) (City) (State) (Zip Code)

5. Telephone Number: Home: _____ Work: _____

*E-mail Address: _____
(*required*)

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. Indicate your full-time employer, location, and the dates you worked these positions in the state of Tennessee*

Employer: _____ Employer: _____

Location: _____ Location: _____

From: _____ to _____ From: _____ to _____

*Each in-state employment must be verified by a letter from the employer. This letter should be on your employer's letterhead, be signed by your immediate supervisor or someone from the Human Resources Department, include a phone number for the employer, indicate the average number of hours worked each week, your start date, permanency and likelihood of continued employment.

10. What courses are you planning to take in the upcoming semester?

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 I understand that full time employment is defined as an average of 35 hours per week or more, and if I cease full-time employment, register as a full-time student, or withdraw from all classes 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. I understand that I may be required to provide official time cards or pay stubs to verify hours throughout the semester.

Signature

Date

Please return to:
Undergraduate Residency Classifier
Email: uaresidency@utk.edu
or mail: The University of Tennessee
209 Student Services Building Knoxville, TN 37996-0200