

**RETURN TO:**

The University of Tennessee  
Graduate Admissions  
201 Student Services Building  
Knoxville, TN 37996 - 0230

**FOR OFFICE USE ONLY**

GRANTED  DENIED

FEE WAIVER CODE: \_\_\_\_\_

EFFECTIVE SEMESTER: \_\_\_\_\_

**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 the Rules of Residency Classification, Chapter 1720-1-1 (Revised Fall 1986).

**(This is an editable form and data typed in this form can be saved)**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ UT Student ID#: \_\_\_\_\_ Email address: \_\_\_\_\_  
(mm/dd/yyyy)

Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Commencement date of present stay or employment in Tennessee: \_\_\_\_\_  
(Month - Year)

Residence before your present stay in Tennessee: \_\_\_\_\_  
(State - Country)

Reason to come to the state of Tennessee: \_\_\_\_\_

Have you attended the University of Tennessee before?  Yes  No

If yes, state periods of attendance: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
(mm/yyyy - mm/yyyy) (mm/yyyy - mm/yyyy) (mm/yyyy - mm/yyyy)

Marital status:  Single  Married

If married, is your spouse a college student currently?  Yes  No

If yes, state institution name and location: \_\_\_\_\_

If married, is your spouse currently employed?:  Yes  No

If yes, state institution name and location: \_\_\_\_\_

List your full time employment, 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.

Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Date of hire: \_\_\_\_\_  
(City, State) (mm/yyyy)

Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Date of hire: \_\_\_\_\_  
(City, State) (mm/yyyy)

What courses are you planning to take? : (Maximum: 6 credit hours)

Course Number: \_\_\_\_\_ Course Name: \_\_\_\_\_ Credit hours: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Name: \_\_\_\_\_ Credit hours: \_\_\_\_\_

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**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: \_\_\_\_\_

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Applicant Notified by e-mail: \_\_\_\_\_ Letter \_\_\_\_\_ Phone \_\_\_\_\_ In Person \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_