

Tuition Waiver Application

Pursuant to T.C.A. §49-7-113(a), the College offers a tuition waiver for qualified individuals to **audit classes for no credit** for:

- Individuals with a permanent total disability that totally incapacitates the person from working at an occupation that brings the person an income,
- Individuals retired from state service, or
- Individuals who will become 60 years of age, or older, during the academic term.

Pursuant to T.C.A. §49-7-113(b), the College offers a tuition waiver for qualified individuals to take classes **for credit** for:

- Individuals with a permanent total disability that totally incapacitates the person from working at an occupation that brings the person an income, or
- Individuals who will become 65 years of age, or older, during the academic term.

The tuition waiver under either provision is only available:

- To individuals domiciled in Tennessee,
- To individuals not receiving services under federal or state vocational rehabilitation programs, and
- On a space available basis.

To receive the tuition waiver, students must submit this application and applicable supporting documentation of the qualifying disability to the Business Office, prior to the first day of class each term. Applications/Documentation will not be accepted after the first day of classes and retroactive tuition waivers will not be available. Eligibility will be determined, following review of the timely submitted application and supporting documentation, by the Business Office. Persons who qualify for the tuition waiver taking classes for credit during the academic term in which they begin classes will be charged a service fee of \$70 per term. The tuition waiver does not include other costs for equipment and supplies necessary for participation in the course, as well as, certain miscellaneous/course fees.

Student Certification

I certify that I (*check the appropriate option below*):

____ Have a permanent total disability which totally incapacitates me from working at an occupation for which I receive income (**for audit or credit**).

- This option requires either a physician certification or other appropriate agency documentation described on page 2 to be submitted.

or

____ Have retired from state service following 30 or more years of service to Tennessee state government (**for audit only**).

- This option requires verification of prior service.

or

____ Am or will become 60 years of age (**for audit only**), or older, during the academic term.

- This option does not require information in addition to that submitted in the admission application. However, if conflicting information is identified, additional documentation, e.g. government issued ID, may be required to verify age.

or

____ Am or will become 65 years of age (**for credit**), or older, during the academic term.

- This option does not require information in addition to that submitted in the admission application. However, if conflicting information is identified, additional documentation, e.g. government issued ID, may be required to verify age.

I understand that if the information provided above is found to be false, I may be required to repay all waived fees.

Student Name: _____ Student ID #: J _____

Student Signature: _____ Date: _____

Physician Certification (Permanent Total Disability)

I, _____, am a physician practicing in the medical specialty of _____
_____. I am the physician for the individual listed above (student). I certify that this patient suffers from a permanent total disability which totally incapacitates them from working at an occupation which brings them income. The specific condition which totally and permanently disables this individual is _____.

Physician Signature: _____ Date: _____

Address: _____

Other Acceptable Documentation (Permanent Total Disability)

Documentation from an agency charged with declaring and/or compensating the permanent total disability status, other than federal or state vocational rehabilitation programs, may be accepted. Agency documentation can include an agency award letter or other notification of the disability status.