

**RETURN TO:**

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

<b>FOR OFFICE USE ONLY</b>		
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 Rules of Residency Classification, Chapter 1720-1-1 (Revised Fall 1986).

- Name \_\_\_\_\_  

Last
First
Middle

SSN or UT Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Local Address \_\_\_\_\_  

Street
City
Zip Code
- Local or Cellular Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  

Area Code
Number
- Permanent Home Address \_\_\_\_\_  

Street
City
State
Zip Code
- 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? \_\_\_\_\_
- If you have previously attended the University of Tennessee, state periods of attendance.  
\_\_\_\_\_
- If married, is your spouse now a college student? \_\_\_\_\_ Where? \_\_\_\_\_  
Is your spouse employed? \_\_\_\_\_ Where? \_\_\_\_\_
- 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.

**PLEASE ATTACH LETTERS FROM EACH IN-STATE EMPLOYER.**

Employer	Location	Date of Hire
Employer	Location	Date of Hire

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

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Course Number	Course Name	Credit Hours
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Course Number	Course Name	Credit Hours
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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 \_\_\_\_\_

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**For Office Use Only**

Applicant Notified by Email \_\_\_\_\_ Letter \_\_\_\_\_ Phone \_\_\_\_\_ In Person \_\_\_\_\_

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