

School of Graduate Studies
Box 70720
Johnson City, TN 37614-1710
(423) 439-4221 phone or (423) 439-5624 fax

For Office Use Only

No. Hrs. Reg. _____
Term & Year _____
Processed by: _____
Date: _____

Statement in Support of Application for Fee Classification for Part-Time Students

To The Applicant:

- This form must be processed by the last day of registration of the semester (official census date) in order to be effective for that semester.
- This statement and questionnaire are to be completed by the non-domiciled, part-time student,* who is seeking the waiver of out-of-state tuition on the basis of full-time employment in the State of Tennessee according to regulations for classifying students in-state and out-of-state for the purpose of paying university fees and tuition.
- This statement must be verified by an official letter from the employer. THIS LETTER MUST STATE THAT THE EMPLOYMENT IS FULL-TIME OR THAT A MINIMUM OF 37.5 HOURS ARE WORKED PER WEEK. INDIVIDUALS WITH MORE THAN ONE PART-TIME EMPLOYER MAY QUALIFY BY PRESENTING MULTIPLE LETTERS INDICATING THAT THE NUMBER OF HOURS WORKED PER WEEK EQUALS OR EXCEEDS 37.5. The letter should indicate the permanency and likelihood of continued employment.
- *A "PART-TIME" GRADUATE STUDENT, including Non-Degree Seeking Students, must be registered for fewer than 9 hours per semester.

PLEASE ANSWER ALL QUESTIONS, INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

1. Classification : (Check One) Degree Seeking Non-Degree Seeking
2. Student ID: _____ Date _____
3. Name: _____
Last First Middle
4. Local Address: _____
Street Address
City State ZIP
5. Local Telephone: _____ E-Mail _____
6. Permanent Home Address: _____
Street Address
City State ZIP
7. If you have attended ETSU, state period of attendance. _____ to _____
8. Indicate your full-time employment in Tennessee and give name of employer, the location and dates of employment. (Graduate Assistantships and Research Assistantships are not considered full-time positions.)

Employer	Location (City and State)	From _____	To _____
		Month/Year	Month/Year
Employer	Location (City and State)	From _____	To _____
		Month/Year	Month/Year
9. Total semester hours for which you are registering this semester _____

TO BE COMPLETED BY ALL APPLICANTS AND SIGNED BY A NOTARY PUBLIC

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

Date: _____ Signature: _____
State of _____ County of _____
Subscribed and sworn before me this _____ day of _____ 20____
Notary Public _____ My commission expires _____