EAST TENNESSEE STATE UNIVERSITY

STATEMENT IN SUPPORT OF APPLICATION FOR FEE CLASSIFICATION FOR PART-TIME STUDENTS

ETSU
East Tennessee State University

Undergraduate Applicants
Return to:
Office of Admissions
Box 70731
Johnson City, TN 37614-0731

Graduate Applicants
Return to:
Office of Graduate Studies
Box 70720
Johnson City, TN 37614-0720

FOR OFFICE USE ONLY

No. Hours Reg. _____

Semester & Year _____

Processed by _____

Date _____

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 is 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" STUDENT IS DEFINED AS FOLLOWS:
Undergraduate – Register for 1-11 hours, for any one semester.
Graduate (Including Graduate Special) – Register for 1-9 hours, for any one semester.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

1. Classification: Undergraduate_____ Graduate_____

2. Social Security Number_____ Date_____

3. Name _____
   LAST FIRST MIDDLE

4. Local Address _____

5. Local Telephone _____

6. Permanent Home Address _____

7. If you have attended East Tennessee State University, state periods of attendance. _____

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 & STATE)	From MONTH / YEAR	To 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 to before me this _____ day of _____ Year_____

Notary Public _____ My commission expires _____

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