

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

<b>For Office Use Only</b>
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 \_\_\_\_\_

East Tennessee State University is a Tennessee Board of Regents institution. ETSU is fully in accord with the belief that education and employment opportunities should be available to all eligible persons without regard to age, sex, color, race, religion, national origin, or disability.