

Out-of-State Resident Employment Verification

Student Affairs—Admissions/Records/Enrollment Services
4501 Amnicola Hwy., Chattanooga, TN 37406-1097
Phone: 423-697-4401 Fax: 423-697-4709
www.chattanoogaastate.edu

Name (please print): _____
Last
First
Middle

Date of Birth: ___ / ___ / ___ Student ID (A Number): _____

Street Address - must be the same as on file: _____

City, State, ZIP - must be same as on file: _____

County of Residence: _____ Phone: () _____

Term of Enrollment Fall 20 _____ Spring 20 _____ Summer 20 _____

TBR Policy 3:05:01:00 provides that part-time students who are non-Tennessee residents but employed full-time in Tennessee are exempt from paying out-of-state tuition and are allowed to pay in-state fees. To qualify for the out-of-state tuition exemption, you must provide verification of full-time employment each term. Full-time students do not qualify for this exemption but may qualify for other waivers. Out-of-state tuition will be removed when the employment verification is received. However, all information is subject to internal and external audit. Submission of false or unverifiable documentation may result in additional fee-payment obligations and/or immediate dismissal without refund. Registration for more than 11 hours will result in automatic calculation and responsibility for out-of-state tuition. You and your employer may complete this form or your employer may submit equivalent verification using official company stationery. In the event the company owner and the student are the same or related, state and/or federal employer identification information, business license information and/or earnings records may be required as proof of full-time employment in Tennessee.

I certify that I am eligible for this waiver and that the information presented is true and correct.

Student Signature: _____ Date: _____

Employer Verification

This section must be completed by the employer, dated, and submitted to Chattanooga State Community College within **two weeks** of fee payment.

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

I am authorized to complete this verification and certify the above named person is a full-time employee with a reasonable expectation of continued full-time employment.

Name and Title of Certifying Official: _____

Office Phone: () _____

Signature: _____ Date: _____

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***Verification of Tennessee
employment is invalid if
dated earlier than 2 weeks before fee
payment.**