DISABILITY APPLICATION FOR *Spring* TUITION REDUCTION

In accordance with Ann. § 49-7-113 (2013), Austin Peay State University (APSU) offers a tuition plan for individuals who are 100% disabled. Under this plan tuition is reduced to $70 per semester. Students will be responsible for any other charges such as web course fees, book fees, departmental fees, and supplies. Students taking Regents Online Degree Program courses will be assessed any fees related to those courses.

Name: _____ Student ID: A_____
Last *First* *MI*

Address: _____
Street *City* *State* *Zip*

Phone: _____ Term: Spring 20_____ Spring I 20_____ Spring II 20_____

To be eligible for the tuition reduction you must:

- Submit the Disability Application for Tuition Reduction with supporting documentation from the Social Security Administration with proof that you are considered 100% disabled through SSI, SSDI, or other appropriate state or federal agencies to the Office of Disability Services in Morgan University Center, room 114. Supporting documentation must be dated within two months of the start date of enrollment for each term.
- Provide proof that you are a Tennessee resident.
- Be enrolled in at least one class.
- Students cannot receive support from Tennessee Division of Vocational Rehabilitation, Veteran's Vocational Rehabilitation or other employment preparation program while receiving the tuition reduction.
- The Disability Application for Tuition Reduction and all supporting documentation must be received by the Office of Disability Services prior to the last day of late registration for each term. After this date, documentation will not be accepted for retroactive tuition discount.
- Please allow up to 72 business hours for processing.
- All students requesting the tuition reduction due to total disability and/or age will be responsible for checking their account in order to be sure that the tuition reduction was applied.
- **Documentation is verified twice per year.** Once for the Fall terms and once for all Spring/Winter. If only attending summer, verification is done at that time.
- Applications must be processed **for each term.** Spring, Summer, Fall, Winter each have their own term. Approvals are only for the current term and are not for the entire year.

Are you currently receiving support from Tennessee Division of Vocational Rehabilitation, Veteran's Vocational Rehabilitation or other employment preparation program? _____ Yes _____ No

Please select the option that applies:

_____ Social Security Insurance (SSI)/ Social Security Disability Insurance (SSDI) (Taking course(s) for **credit**)

_____ Social Security Insurance (SSI)/ Social Security Disability Insurance (SSDI) (Taking course(s) for **audit**)*

_____ VA Benefit letter (totally permanently disabled – 100%)

*Students requesting to audit a course for free must complete the application process outlined above and submit an audit card within the first week of classes. The audit card is available at www.apsu.edu/registrar/forms.

Tenn. Code Ann. § 49-7-113 (2013)
(a) (1) Disabled persons suffering from a permanent total disability that totally incapacitates the person from working at an occupation that brings the person an income, and persons who have retired from state service with thirty (30) or more years of service, regardless of age, or persons who will become sixty (60) years of age or older during the academic quarter or semester, whichever is applicable, in which such persons begin classes and, who are domiciled in Tennessee, may audit courses at any state-supported college or university without paying tuition charges, maintenance fees, student activity fees or registration fees; however, this privilege may be limited or denied by the college or university on an individual classroom basis according to space availability.
(2) This section shall not apply at medical schools, dental or pharmacy schools, and no institution of higher education shall be required to make physical alterations of its buildings or other facilities to comply with this section.
(3) Prior to admittance, the university or college involved may require an affidavit or certificate from a physician or an agency charged with compensating the disabled person or adjudicating the permanent total disability of the person who is requesting admittance to classes that the person is permanently totally disabled as set forth in subdivision (a)(1).
(4) A student who is receiving services under federal or state vocational rehabilitation programs is not eligible for a waiver of tuition and fee benefits under this section.
(b) Subject to the same terms and conditions as provided in subsection (a), disabled persons, as defined in subsection (a), and persons who will become sixty-five (65) years of age or older during the academic quarter or semester, whichever is applicable, in which such persons begin classes and, who are domiciled in this state, may be enrolled in courses for credit at state-supported colleges and universities without payment of tuition charges, maintenance fees, student activity fees or registration fees, except that the board of trustees of the University of Tennessee and the board of regents of the state university and community college system may provide for a service fee that may be charged by the institutions under their respective jurisdictions, the fee to be for the purpose of helping to defray the cost of keeping the records of such students and not to exceed forty-five dollars ($45.00) a quarter or seventy dollars ($70.00) a semester.

I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation, falsification, or material omission of information may result in my failure to be approved for tuition reduction, dismissal from the program, and may require recovery of financial assistance provided.

Signature _____ Date _____

I acknowledge that this form is digitally signed. I agree to the above stated for the purposes of tuition reduction. _____.

Office Use Only

☐ VA&E ☐ VIS ☐ VDOB

_____ Approved _____ Denied _____ _____
Student Disability Resource Center Staff Date