

**COLUMBIA STATE COMMUNITY COLLEGE
CERTIFICATION OF PERMANENT TOTAL DISABILITY**

As a TN licensed physician (M.D.) practicing in the medical specialty of _____, I have examined the patient named below and certify that he/she has a “*permanent total disability which totally incapacitates such person from working at an occupation that brings the person an income*” as referenced in TCA. Section 49-7-113.

Patient’s Name _____ Date of Birth _____

Description of Disability _____

Physician’s Name (*please print*) _____

Office Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Physician’s Signature _____

Tennessee Code Annotated, Section 49-7-113

[Acts 1974, ch. 623, § 1; 1976, ch. 502, § 1; 1977, ch. 28, § 1; 1980, ch. 842, §§ 1,2.
T.C.A., §49-3251; Acts 1997, ch. 360, § 1; 2002, ch. 788, § 6; 2006, ch 913, § 1]

Subsection (a) Auditing of Courses

(a) (1) Disabled persons suffering from a permanent total disability that totally incapacitates the person from working at an occupation that brings the person man income ... 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.

Subsection (b) Taking Courses for Credit

(b) Subject to the same terms and conditions as provided in subsection (a), disabled persons, as defined in subsection (a) who are domiciled in Tennessee 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 which may be charged by the institutions under the respective jurisdictions.

Subsection (a) (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.

(TO BE COMPLETED BY STUDENT)

I, _____ (print name), certify that I have a “permanent total disability which totally incapacitates me from working at an occupation which brings an income” as outlined in the Tennessee Code Annotated (TCA 49-7-113). I certify that I am a resident of Tennessee, that I am not receiving vocational rehabilitation services from any state or federal program, and that I have submitted appropriate and accurate documents to support my request for the fee waiver.

Student Signature

Columbia State ID number or SSN

Street Address

City, State, Zip

Telephone Number

CSCC staff signature/approval date

A new form (and SSA Proof of Income letter) must be submitted every semester. This form is in effect for the (circle one) Fall Spring Summer _____ (year) Semester and expires at the end of the stated semester.