

**Tennessee Higher Education Commission ("THEC")  
Regulatory Compliance Division ("RCD")  
TENNESSEE TUITION GUARANTY FUND ("TGF") CLAIM APPLICATION  
Pursuant to Tenn. Code Ann. § 49-7-2018 and Rule Chapter 1710-1-2**

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The Tuition Guaranty Fund ("TGF") was established by the Tennessee General Assembly to reimburse students at certain postsecondary educational institutions that close without earning the tuition collected. This is called unearned tuition.

**Important Points:**

- 1) *TGF applies only when the closing institution is authorized by THEC and:
  - a. *a student attended a physical location of the school in Tennessee (through distance education or residential instruction) or*
  - b. *a student is a Tennessee resident and attended a location of the institution outside of Tennessee.*Call THEC at 615-2537458 or email [THEC.RCD@tn.gov](mailto:THEC.RCD@tn.gov) if you do not know whether the institution is or was authorized by THEC.*
- 2) *The institution did not complete the educational obligation or reimburse students before it closed.*
- 3) *A claim for reimbursement of the unearned tuition must be made within two years of the date the institution discontinued operations as determined by THEC staff.*
- 4) *Unearned tuition includes tuition, registration, general graduation, activity, or other fees that are required to be paid by all students.*
- 5) *Monies paid for tangible goods, such as books and equipment, are not reimbursable.*
- 6) *Monies paid for program specific costs are not reimbursable by the TGF, for example, certification fees charged separately to a student's account.*
- 7) *Monies for expenses such as housing, meals, clothing and transportation, not paid directly to and retained by the institution are not reimbursable.*
- 8) *A TGF claim may not be awarded if a student applied for and received a Closed School Discharge from the U.S. Department of Education or similar relief. Additionally, a student may be required to submit a claim and receive a determination before a TGF claim will be fully reviewed.*

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**CLAIMANT INFORMATION**

Legal Name: \_\_\_\_\_

Last Name While in School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

***DETAILS OF ATTENDANCE***

**INSTITUTION INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Program: \_\_\_\_\_

Dates of Attendance: Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Using the below dropdown box, select the credential level of the program in which you were enrolled:

\_\_\_\_\_

If "Other" was selected, enter the name of the credential in the below text box:

***DETAILS OF CLAIM***

Amount: \_\_\_\_\_

Please explain in detail why you believe you are entitled to recovery through the TGF. Be as specific as possible, and include supporting facts for the amount for which you are requesting reimbursement. If you are requesting recovery for more than one cost, please include supporting facts for each separate amount. If you need additional space, please attach a separate document when submitting this application.

Did you apply for a **Closed School Loan Discharge**?

- No
- Yes (If yes, respond to the below questions.)

What is the amount and status of the claim?

Amount: \_\_\_\_\_ Status: \_\_\_\_\_

What was the amount of any payment received? If none, enter "0." Amount: \_\_\_\_\_

Did you apply for a **Borrower Defense Loan Discharge**?

- No
- Yes (If yes, respond to the below questions.)

What is the amount and status of the claim?

Amount: \_\_\_\_\_ Status: \_\_\_\_\_

What was the amount of any payment received? If none, enter "0." Amount: \_\_\_\_\_

Did you apply for a **False Certification Discharge**?

- No
- Yes (If yes, respond to the below questions.)

What is the amount and status of the claim?

Amount: \_\_\_\_\_ Status: \_\_\_\_\_

What was the amount of any payment received? If none, enter "0." Amount: \_\_\_\_\_

Did you apply for an **Unpaid Refund Discharge**?

- No
- Yes (If yes, respond to the below questions.)

What is the amount and status of the claim?

Amount: \_\_\_\_\_ Status: \_\_\_\_\_

What was the amount of any payment received? If none, enter "0." Amount: \_\_\_\_\_

Did you receive federal student aid ("Title IV") that was used to pay for your tuition?

- No
- Yes (If yes, select all that apply)
- William D. Ford Federal Direct Loans
  - Federal Family Education Loans
  - Federal Perkins Loans
  - Pell Grants

Did you receive money from the Workforce Innovation and Opportunity Act ("WIOA") to pay your tuition or other fees?

- No
- Yes

Did you receive money from Vocation Rehabilitation ("Voc Rehab") to pay your tuition or other fees?

- No
- Yes

Did you receive money from Supplemental Nutrition Assistance Program ("SNAP") to pay your tuition or other fees?

- No
- Yes

Did you receive money from any other state or federal resource to pay your tuition or other fees?

- No
- Yes (If yes, explain in the below text box. Attach a separate document if you need additional space.)

List below in detail the documentation you are providing in support of this application. Examples of documentation to provide with this application include, a copy of your final transcripts, your final ledger/account statement, canceled checks or credit card statements indicating payments to the institution, payment receipts, or correspondence with the institution regarding payments. If you are providing documents that contain private information, such as account numbers or social security numbers, you should strikethrough entirely this information before submitting the document to THEC.

If you are not providing any documentation, explain why you do not have possession of any documentation to support this application.

**Check below to indicate you have read and understand each of the following items:**

- Applications not supported by documentation may be denied.
- If requested to do so during the review of your application, you must provide copies of any documents that support your application. Otherwise, the claim may be denied.
- You must complete the below **TGF Information Release Authorization**.
- Your claim will not be considered unless submitted to RCD within two years of *the date the institution discontinued operations as determined by THEC staff*.
- If your application is granted and monies awarded, the award may be paid to the lender in the event that you have loans.

**AFFIRMATION**

*I affirm that all information provided herein is true, correct, and complete to the best of my knowledge and belief.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete the below Information Release Authorization**

***The completed application, information release form and supporting documentation are to be emailed to [THEC.RCD@tn.gov](mailto:THEC.RCD@tn.gov).***

**Tennessee Higher Education Commission ("THEC")  
Regulatory Compliance Division ("RCD")  
Tennessee Tuition Guaranty Fund ("TGF") Claim  
INFORMATION AUTHORIZATION RELEASE**

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For purposes of applying to recover under the TGF, the Regulatory Compliance Division ("RCD") of the Tennessee Higher Education Commission ("THEC") may attempt to assist students in securing the necessary supporting documentation, including official transcripts, account ledgers, and loan information, that are not held by THEC after an institution's closure.

**CLAIMANT INFORMATION**

Legal Name: \_\_\_\_\_

Last Name(s) While in School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Last Four Digits of SSN \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**DETAILS OF ATTENDANCE**

**INSTITUTION INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Program: \_\_\_\_\_

Dates of Attendance: Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

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**AFFIRMATION**

*I hereby authorize THEC to request information on file related to my attendance at the above-listed institution from the entity currently holding the institution's records, the entity holding and / or servicing my loan, or other entity for the limited purpose of processing my claim for recovery under the TGF. This includes, but is not limited to, my official transcript, account ledger, and / or loan information.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_