Home Phone: _____________  Semester/Term: _____
Work Phone: ______________  Year: ______________
E-Mail: ___________________

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

NONRESIDENT/FOREIGN TUITION EXEMPTION FORM

TA/RA

This form must be presented to the TTUHSC Student Business Services Office no later than the close of business on the 12th class day of a fall or spring semester or the 4th class day of a summer term.

A SEPARATE FORM WITH ORIGINAL SIGNATURES IS REQUIRED FOR EACH SEMESTER/TERM IN WHICH THE EXEMPTION/WAIVER IS BEING CLAIMED.

APPLICATION BY TEACHING ASSISTANTS OR RESEARCH ASSISTANTS TO PAY TUITION AS REQUIRED BY TEXAS RESIDENTS.

The Texas Education Code and the Texas Tech University System Board of Regents provide that a Teaching Assistant or Research Assistant employed at least one-half time, provided that such person is appointed on or before the 12th class day of a fall or spring semester or the 4th class day of a summer term and further provide that the position meets the definition in the Texas Tech Pay Plan and that said work relates to the student's degree program may pay tuition as required of a Texas resident student.

In accordance with Texas Education Code, Section 54.063, I hereby affirm under oath, that I am entitled to make application for this exemption upon registration.

In the event I do not qualify for this exemption/waiver, I do hereby agree to pay Texas Tech University Health Sciences Center the amount I should have paid as a nonresident/foreign student.

I further understand and agree that if I fail to make full payment as required in the notification that I will not receive credit for course work completed during the semester or term in which the exemption was claimed. I also understand and agree that I will not be entitled to receive an official academic transcript.

I understand and agree that Texas Tech University Health Sciences Center, at its option, may revoke this exemption immediately upon determination that I am no longer eligible for this exemption.

I, __________________________________________  R __ __ __ __ __ __ __
(Student ID #)

(Please print or type Last Name, First Name, MI)

I hereby certify that to the best of my knowledge that I am qualified for the exemption of nonresident/foreign tuition and hereby apply to Texas Tech University Health Sciences Center for the exemption.

-----------------------------------------------------------------------------------EMPLOYMENT CERTIFICATION-----------------------------------------------------------------------------------

Check the appropriate block to indicate your official job title:
☐ Teaching Assistant  040371
☐ Research Assistant  040630

________________________________________
Employee/Claimant Signature
DEGREE CERTIFICATION

This section must be signed by the chairperson or other authorized academic official of the Dean's Office in the appropriate college. Signatures must be original for acceptance.

I certify, to the best of my knowledge that the student (claimant) is appointed and performing duties in the position indicated on this form for the semester/term claimed and that such appointment is directly related to their degree program and is in compliance with TTUHSC policy.

Department: __________________________ Mail Stop: ____________ Phone # ____________

Original Signature of Authorized Official Title __________________________ Date ____________

Printed Name of Authorized Official

CERTIFICATION OF EMPLOYING DEPARTMENT

I certify, to the best of my knowledge, that the student (claimant) is appointed and performing duties in the position claimed on this form and that employment is at least one-half time (20 hours per week) in the semester/term for which the exemption/waiver is being claimed.

I further certify, to the best of my knowledge, that appointment was effective on or before the 12th class day of a fall or spring semester or the 4th class day of a summer term.

Employee's Payroll Account Number: __________________________

Employing Department: __________________________

Mail Stop: ____________ Phone # ____________

Original Signature of Authorized Official Title __________________________ Date ____________

Printed Name of Authorized Official

TTUHSC Student Business Services Office Use Only

Exemption/Waiver Subcode ____________ Date of TechRIS Audit ____________

Hours at Time of Submittal ____________ Appointment Date ____________

Date Entered ____________ Percentage of Employment ____________

Entered by ____________ Hours at Time of Audit ____________

Date of Rejection Notification ____________ TechRIS Audit Performed by ____________