TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

FEE ASSISTANCE WAIVER FORM

TA/RA/GPTI

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 8 week term or 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, RESEARCH ASSISTANTS, AND GRADUATE PART-TIME INSTRUCTORS TO REQUEST A WAIVER FROM PAYMENT OF INSTITUTIONAL TUITION, STUDENT SERVICES FEE, INFORMATION TECHNOLOGY FEE, STUDENT UNION FEE, RECREATION CENTER FEE, STUDENT ATHLETIC FEE, AND COURSE FEES.

The Texas Tech University Health Sciences Center Board of Regents has provided that a student who on or before the 12th class day of a fall or spring semester or the 4th class day of a 8 week or summer term were benefits eligible employees of Texas Tech University Health Sciences Center, eligible for State benefits as defined in section 31.001(6) of the Texas Civil Statutes, Title 110 B, and the "Rules and Regulations of the Board of Trustees of the Teacher Retirement System of Texas" and employees who on or before the 12th class day of a fall or spring semester or the 4th class day of a 8 week term or summer term were appointed at least one-half time as a Teaching Assistant, Research Assistant, or Graduate Part-Time Instructor may be waived from the payment of Institutional Tuition, Student Services Fee, Information Technology Fee, Student Union Fee, Recreation Center Fee, Student Athletic Fee, and Course Fees.

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

I further understand and agree that if I fail to make payment as required in the notification that I will not receive credit for course work completed during the semester or term in which the waiver was claimed. I also understand and agree that I may 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 waiver immediately upon determination that I no longer meet eligibility requirements.

I, ____________________________________ R ___ ___ ___ ___ ___ ___ ___ ___

(Print or type Last Name, First Name, MI) Student ID #

I certify that to the best of my knowledge that I am qualified for the waiver indicated and hereby apply to Texas Tech University Health Sciences Center for the waiver of fees.

EMPLOYMENT CERTIFICATION

Check the appropriate block to indicate your official job title:  □ Teaching Assistant  040371

□ Research Assistant  040630

□ Graduate Part-Time Instructor  043072

Employee/Claimant Signature
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 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 an 8 week term or summer term.

Employee's Payroll Account Number: ______________________________________________

Employing Department: _____________________________________________________________

Mail Stop: _________ Phone # ____________

_____________________________________  ________________________ ______________
Original Signature of Authorized Official  Title Date

_____________________________________
Printed Name of Authorized Official

------------------------------------------------------FEE ELECTION--------------------------------------------------

I understand that by action of the Texas Tech University Health Sciences Center Board of Regents, I have the option to elect to pay the Student Athletic Fee, Student Union Fee, and Recreation Center Fee. I further understand and agree that this election to pay is irrevocable.

— To pay Student Athletic Fee
— To pay Student Union Fee (Synergistic Center at TTUHSC Lubbock Campus)
— To pay Recreation Center Fee

________________________________________________ ______________
Signature Date

TTUHSC Student Business Services Office Use Only

Exemption/Waiver Sub code _________ 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 ______________