

Home Phone: _____
Work Phone: _____
E-Mail: _____

Semester/Term: _____
Year: _____

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 wavier 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

-----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 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 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	_____