

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

Semester/Term: _____
 Year: _____

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

NONRESIDENT/FOREIGN TUITION EXEMPTION FORM

FACULTY DEPENDENT TA/RA DEPENDENT

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 OR TERM IN WHICH THIS EXEMPTION IS BEING CLAIMED.

APPLICATION BY A DEPENDENT OF A FACULTY MEMBER, TEACHING ASSISTANT OR RESEARCH ASSISTANT TO PAY TUITION OF A TEXAS RESIDENT.

The Texas Education Code and the Texas Tech University System Board of Regents provide that a dependent student of a Faculty Member, Teaching Assistant or Research Assistant who 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 provides that the position meets the definition of appointment in the Texas Tech University Pay Plan may pay tuition required of a Texas resident student.

In accordance with Section 54.059 or Section 54.063 of the Texas Education Code, 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, I do hereby agree to pay to Texas Tech University Health Sciences Center the amount of tuition 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 this exemption 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 exemption immediately upon determination that I am no longer eligible for this exemption.

CERTIFICATION OF DEPENDENT STUDENT

I certify, that to the best of my knowledge, I am qualified for application of this exemption and do hereby apply to Texas Tech University accordingly.

PRINT OR TYPE ALL INFORMATION

_____ / _____ / _____
 Last Name (Student) First Name MI

R _____ / _____ / _____
 Student ID# Signature of Student Date

I am a dependent of:

_____ / _____ / _____
 Last Name (Employee) First Name MI

_____ / _____ / _____
 Social Security Number Signature of Student Date

*******EMPLOYING DEPARTMENT CERTIFICATION*******

I certify that to the best of my knowledge, the employee meets the criteria for application of this exemption.

Employee's Payroll Account(s):

[] [] [] [] Percent of Effort

Signature Date / /

[] [] [] [] Percent of Effort

Signature Date / /

Title

.....
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	_____