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

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*******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 _____________