TEXAS TECH UNIVERSITY FOREIGN HEALTH SCIENCES CENTER

NONRESIDENT/FOREIGN TUITION EXEMPTION FORM

FACULTY

This form must be presented to the TTUHSC Bursar's 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 FACULTY (TEACHER OR PROFESSOR) TO PAY TUITION AS REQUIRED OF TEXAS RESIDENTS.

The Texas Education Code and the Texas Tech University System Board of Regents provide that a faculty member appointed on or before the 12th class day of a fall or spring semester or the 4th class day of a summer term at least one-half time on a regular monthly salary basis may pay tuition as required of a Texas resident student.

In accordance with Section 54.059 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 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 the 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 appointed to or performing the duties of my position.

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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 _______________