

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

Semester/Term: _____
Year: _____

TEXAS TECH UNIVERSITY 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.

*****EMPLOYMENT CERTIFICATION*****

Last Name, First Name, MI) R_____
Student ID #

Employee Job Title

Employee/Claimant Signature

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	_____