

**Home Phone:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_

**Semester/Term:** \_\_\_\_\_  
**Year:** \_\_\_\_\_

*NONRESIDENT/FOREIGN TUITION EXEMPTION FORM*

*TA/RA*

This form must be presented to the TTUHSCEP Student Business Services Office no later than the close of business on the 12<sup>th</sup> class day of a fall or spring semester or the 4<sup>th</sup> 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 TEACHING ASSISTANTS OR RESEARCH ASSISTANTS TO PAY TUITION AS REQUIRED BY TEXAS RESIDENTS.

The Texas Education Code and the Texas Tech University System Board of Regents provide that a Teaching Assistant or Research Assistant employed at least one-half time, provided that such person is appointed on or before the 12<sup>th</sup> class day of a fall or spring semester or the 4<sup>th</sup> class day of a summer term and further provide that the position meets the definition in the Texas Tech Pay Plan and that said work relates to the student's degree program may pay tuition as required of a Texas resident student.

In accordance with Texas Education Code, Section 54.063, 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/waiver, I do hereby agree to pay Texas Tech University Health Sciences Center El Paso El Paso the amount 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 will not be entitled to receive an official academic transcript.

I understand and agree that Texas Tech University Health Sciences Center El Paso, at its option, may revoke this exemption immediately upon determination that I am no longer eligible for this exemption.

I, \_\_\_\_\_ R \_\_\_\_\_  
(Print or type Last Name, First Name, MI) Student ID #

certify that to the best of my knowledge that I am qualified for the exemption of nonresident/foreign tuition and hereby apply to Texas Tech University Health Sciences Center El Paso for the exemption.

-----EMPLOYMENT CERTIFICATION-----

Check the appropriate block to indicate your official job title:  Teaching Assistant 040371  
 Research Assistant 040630

\_\_\_\_\_  
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 TTUHSCEP 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 exemption/waiver is being claimed.

I further certify, to the best of my knowledge, that appointment was effective on or before the 12<sup>th</sup> class day of a fall or spring semester or the 4<sup>th</sup> class day of a summer term.

Employee's Payroll Account Number: \_\_\_\_\_

Employing Department: \_\_\_\_\_

Mail Stop: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Original Signature of Authorized Official                      Title                      Date

\_\_\_\_\_  
Printed Name of Authorized Official

\*\*\*\*\*

**\* TTUHSCEP 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	_____