

Semester _____
Year _____

SBS ONLY:
Date Entered:
Date Audit:
Date Reject:



TEXAS TECH UNIVERSITY™

NONRESIDENT/FOREIGN TUITION EXEMPTION FORM

FACULTY DEPENDENT or TA/RA/GA/GPTI DEPENDENT

EMPLOYMENT WILL BE VERIFIED UPON PRESENTATION TO STUDENT BUSINESS SERVICES

This form must be presented to Student Business Services 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 semester. **NO late forms will be accepted**

A SEPARATE FORM WITH ORIGINAL SIGNATURES IS REQUIRED FOR EACH SEMESTER.

APPLICATION BY A DEPENDENT OF A FACULTY MEMBER, TEACHING ASSISTANT, RESEARCH ASSISTANT, GRADUATE ASSISTANT OR GRADUATE PART-TIME INSTRUCTOR TO PAY TUITION OF A TEXAS RESIDENT.

The Texas Education Code and the Texas Tech University Board of Regents provides that a dependent student of a faculty member, Teaching Assistant, Research Assistant, Graduate Assistant or Graduate Part-Time Instructor who is appointed on or before the 12th class day of a fall or spring semester or the 4th class day of a summer semester in a position that 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 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, no later than 30 calendar days from the date of notification, 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 will not be entitled to receive an official academic transcript, or register for future semesters.

I understand and agree that Texas Tech University, at it's 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	
_____		_____	
Banner ID	Signature of Student	Date ____/____/____	
_____		_____	
Email	Phone Number		
I am a dependent of: _____			
Last Name (Employee)		First Name	MI
_____		_____	
Banner ID	Signature of Employee	Date ____/____/____	

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

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

Employee's Payroll Account(s):

[_____] [_____] [_____]	[_____] Percent of Effort	(____/____/____) Appointment Date
[_____] [_____] [_____]	[_____] Percent of Effort	

_____	_____	_____
Signature	Title	Date