

Semester _____
Year _____

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



TEXAS TECH UNIVERSITY
Student Business Services™

FACULTY NONRESIDENT/FOREIGN TUITION EXEMPTION FORM

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.

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

APPLICATION BY A FACULTY MEMBER TO PAY THE TUITION OF A TEXAS RESIDENT:

The Texas Education Code and the Texas Tech University Board of Regents provides 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 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 54.021 (Oath of Residency) 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.
In the event I do not qualify for this exemption, I do hereby agree to pay to Texas Tech University, 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 register for the next term or receive an official academic transcript.
I understand and agree that Texas Tech University, 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

I certify that to the best of my knowledge, I am qualified for application of this exemption and hereby apply to Texas Tech University accordingly.

Last Name First Name MI

_____/_____/_____
Banner ID Title

Signature

EMPLOYING DEPARTMENT CERTIFICATION OF EMPLOYMENT

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

Employee's Payroll Account(s):
[] [] [] [] []
FOAP Number Percent
[] [] [] [] []
FOAP Number Percent

Signature

_____/_____/_____
Date Title