

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 12<sup>th</sup> class day of a fall or spring semester or the 4<sup>th</sup> 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 12<sup>th</sup> class day of a fall or spring semester or the 4<sup>th</sup> 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