



TEXAS TECH UNIVERSITY  
Student Business Services™

**NONRESIDENT TUITION EXEMPTION REQUEST FOR FACULTY OR FACULTY DEPENDENT**

This request must be submitted 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 requests will be accepted.**

**A SEPARATE FORM IS REQUIRED FOR EACH SEMESTER.**

APPLICATION BY A FACULTY MEMBER OR FACULTY DEPENDENT TO PAY TUITION OF A TEXAS RESIDENT.

The Texas Education Code and the Texas Tech University Board of Regents provides that a faculty member, teaching assistant, research assistant or graduate part-time instructor or a dependent of the aforementioned 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 54.211 or 54.212 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 its option, may revoke this exemption immediately upon determination that I am no longer eligible for this exemption.

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.

**CERTIFICATION OF FACULTY MEMBER (required)**

\_\_\_\_\_  
Last Name (Faculty Member)                      First Name                      MI

\_\_\_\_\_  
Student ID (R) Number                      Signature of Faculty Member

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Email                      Phone Number

\_\_\_\_\_  
Signature of Hiring Department Personnel

**CERTIFICATION OF FACULTY DEPENDENT (if applicable)**

\_\_\_\_\_  
Last Name (Student)                      First Name                      MI

\_\_\_\_\_  
Student ID (R) Number                      Signature of Student

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date