TEXAS TECH UNIVERSITY
Student Business Services™

NONRESIDENT TUITION WAIVER REQUEST FOR FACULTY OR FACULTY DEPENDENT

This request must be submitted 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 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 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 54.211 or 54.212 of the Texas Education Code, I hereby affirm under oath, that I am entitled to make application for this waiver upon registration.

In the event I do not qualify for this waiver, 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 waiver 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 waiver immediately upon determination that I am no longer eligible for this waiver.

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

CERTIFICATION OF FACULTY MEMBER (required)

_____ _____
Last Name (Faculty Member) First Name MI

_____ _____ _____/____/_____
Employee ID (R) Number Signature of Faculty Member Date

_____ _____
Email Phone Number

_____ _____ _____
Signature of Hiring Department Personnel Term

CERTIFICATION OF FACULTY DEPENDENT (if applicable)

_____ _____
Last Name (Student) First Name MI

_____ _____ _____/____/_____
Student ID (R) Number Signature of Student Date