



TEXAS TECH UNIVERSITY

Student Business Services™

NONRESIDENT TUITION WAIVER REQUEST FOR TEACHING ASSISTANT, RESEARCH ASSISTANT and GRADUATE PART-TIME INSTRUCTOR OR THEIR 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 TA/RA/GPTI OR THEIR DEPENDENT TO PAY TUITION OF A TEXAS RESIDENT.

The Texas Education Code and the Texas Tech University Board of Regents provides that a 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 54.212 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 TA/RA/GPTI EMPLOYEE (required)

Last Name (Faculty Member)

First Name

MI

Employee ID (R) Number

Signature of TA/RA/GPTI Employee

____/____/____
Date

Email

Phone Number

Signature of Hiring Department Personnel

Term

CERTIFICATION OF TA/RA/GPTI DEPENDENT

Last Name (Student)

First Name

MI

Student ID (R) Number

Signature of Student

____/____/____
Date