

Home Phone: _____
Work Phone: _____
E-Mail: _____

Semester/Term: _____
Year: _____

NONRESIDENT/FOREIGN TUITION EXEMPTION FORM

FACULTY

This form must be presented to the TTUHSCEP Bursar's Office 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 term.

A SEPARATE FORM WITH ORIGINAL SIGNATURES IS REQUIRED FOR EACH SEMESTER/TERM IN WHICH THE EXEMPTION/WAIVER IS BEING CLAIMED.

APPLICATION BY FACULTY (TEACHER OR PROFESSOR) TO PAY TUITION AS REQUIRED OF TEXAS RESIDENTS.

The Texas Education Code and the Texas Tech University System Board of Regents provide 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 term at least one-half time on a regular monthly salary basis may pay tuition as 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 Texas Tech University Health Sciences Center El Paso 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 the exemption was claimed. I also understand and agree that I will not be entitled to receive an official academic transcript.

I understand and agree that Texas Tech University Health Sciences Center El Paso, 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*******

 Last Name, First Name, MI)

R _____
 Student ID #

 Employee Job Title

 Employee/Claimant Signature

TTUHSCEP Student Business Services Office Use Only

Exemption/Waiver Subcode _____

Date of TechRIS Audit _____

Hours at Time of Submittal _____

Appointment Date _____

Date Entered _____

Percentage of Employment _____

Entered by _____

Hours at Time of Audit _____

Date of Rejection Notification _____

TechRIS Audit Performed by _____