

Home Phone: Work Phone: E-Mail:	Year:	Term:
NONRES	SIDENT/FOREIGN TUITION EXEMPTION	I FORM
	FACULTY DEPENDENT TA/RA DEPENDENT	
This form must be presented to the TTUHSCEP Stufall or spring semester or the 4 th class day of a sumr	dent Business Services Office no later than the ner term.	e close of business on the 12 th class day of a
A SEPARATE FORM WITH ORIGINAL SIGNATUR BEING CLAIMED.	RES IS REQUIRED FOR EACH SEMESTER C	OR TERM IN WHICH THIS EXEMPTION IS
APPLICATION BY A DEPENDENT OF A FACULTY TEXAS RESIDENT.	MEMBER, TEACHING ASSISTANT OR RES	EARCH ASSISTANT TO PAY TUITION OF A
The Texas Education Code and the Texas Tech Un Teaching Assistant or Research Assistant who is ap summer term and further provides that the position required of a Texas resident student.	pointed on or before the 12 th class day of a fall	l or spring semester or the 4 th class day of a
In accordance with Section 54.059 or Section 54.06 application for this exemption upon registration.	3 of the Texas Education Code, I hereby affirm	under oath, that I am entitled to make
In the event I do not qualify for this exemption, I do I of tuition I should have paid as a nonresident/foreign		Health Sciences Center El Paso the amount
I further understand and agree that if I fail to make for during the semester or term in which this exemption academic transcript.		
I understand and agree that Texas Tech University immediately upon determination that I am no longer		may revoke this exemption
CERTIFIC I certify, that to the best of my knowledge, I am qual accordingly.	CATION OF DEPENDENT STIFFIELD INTO A TYPE ALL INFORMATION	_
Last Name (Student)	First Name	MI
R Student ID# Signature of Student		
I am a dependent of:		
Last Name (Employee)	First Name	MI
Social Security Number Signature of Student		Date



******* I certify that to	********** the best of my	**** EMPL knowledge, the	OYING e employee m	DEPA	RTMENT CERTIFICATION************************************
Employee's Pa			, ,		
[] [] []	[] Percent of Effort
Signature				/ Date	
[][] []	[] Percent of Effort
Signature				/ Date	
Title					
		TTUHS	CEP Stud	dent B	usiness Services Office Use Only
Exemption/\	Naiver Sub	code			Date of TechRIS Audit
Hours at Tin	ne of Subm	ittal			Appointment Date
Date Entere	d				Percentage of Employment
Entered By		_			Hours at Time of Audit
Date of Reje	ection Notifi	cation			TechRIS Audit Performed By