REQUEST FOR EXEMPTION FROM NON-RESIDENT TUITION
FOR GRADUATE STUDENTS HOLDING ASSISTANTSHIPS
(Formerly Titled Graduate Research/Teaching Assistants)
Employed by a Texas Institution of Higher Education

Note: The employing department should submit this form directly to the
Student Business Services Office on behalf of the student.

Semester
Fall
Spring
Summer

Year 2019

Employee’s Name ___________________________ Student ID # _______________________

Job Title ___________________________ Job Code number ________________________

CERTIFICATION OF EMPLOYING DEPARTMENT: I certify that the above named person is or will be
employed by my department for the semester indicated above in a qualifying position as listed overleaf and meets
all of the following requirements:

1. Is in a teaching or research position;
2. Is employed at least one-half time (20 hours per week);
3. Has a beginning employment date on or before the 12th class day (fall and spring terms);
   \*4th class day (summer term); and an ending employment date no earlier
   than the last official class day (last day of finals);
4. Is in a position that relates to his/her degree program.

\*Note: Student using waiver in summer term do not have to work during the part of summer term that they are
utilizing this waiver; however, they must be employed during a complete part of a summer term

I agree to notify the Student Business Services Office immediately should any of the employment conditions
change for this employee.

Signature of Dept Head ___________________________ Phone/Email skh83@txstate.edu

Employing Dept ___________________________ Date 5-3434

CERTIFICATION OF STUDENT EMPLOYEE: I certify that I am now or will be employed by Texas State
University in a qualifying position (by a Texas Institution of Higher Education) as listed overleaf. I understand and
meet the employment requirements as outlined in the certification of employing department above. I agree to notify
the Student Business Services Office immediately should any of my employment conditions change.

Furthermore, I understand that the employment status, on which this request is based, is subject to audit. If it should
be determined that the employment is not the type for which an exemption should have been granted, I will pay the
required non-resident tuition immediately. Non-payment may result in cancellation of my registration.

Signature of Student Employee ___________________________ Date ________________________

\*If this exemption from non-resident tuition is requested for the spouse or child of the employee, list that person’s
name and Texas State ID number below:

NOTE:
To receive credit for the exemption, this form MUST be returned to the Student Business Services Office,
JCK 188, not later than the 12th class day of the Fall/Spring semesters or the 4th class day of the Summer
semesters.

\*\*\*\*Forms received after the 12th or 4th class day deadlines WILL NOT be honored.\*\*\*\*