



**Non-Resident Tuition Waiver Request for Graduate Assistants Employed in Non-Academic Departments
Or Late Waiver Requests for Students Employed in Academic Departments**

RULES OF ELIGIBILITY FOR WAIVER

Graduate Assistants who are employed in the Graduate Assistant Research, Graduate Assistant Teaching, and Graduate Assistant Non-Teaching titles are eligible to pay tuition at the in state rate. Students must be employed in an eligible title code prior to the 12th class day of Fall/Spring or 4th class day of Summer, must be making satisfactory academic progress, and must be registered full-time. Full time registration is considered 9 hours in the fall and spring, and 6 hours in the summer. Students in the Advanced Dental Education programs may be considered full-time with fewer hours per Student Rule 1.8.1. Additionally, spouses and dependents of eligible graduate assistants also qualify for resident tuition. For Spouse/Dependent waivers, student must provide proof of legal marriage/dependency.

Texas Education Code, Sec. 54.212. TEACHING OR RESEARCH ASSISTANT.

A teaching assistant or research assistant of any institution of higher education and the spouse and children of such a teaching assistant or research assistant are entitled to register in a state institution of higher education by paying the tuition fees and other fees or charges required for Texas residents under Section 54.051 of this code, without regard to the length of time the assistant has resided in Texas, if the assistant is employed at least one-half time in a teaching or research assistant position which relates to the assistant's degree program under rules and regulations established by the employer institution.

Transferred and redesignated from Education Code, Section 54.063 by Acts 2011, 82nd Leg., R.S., Ch. 359, Sec. 1, eff. January 1, 2012.

A. Student Requesting Exemption:

Last Name: _____ First Name: _____ Middle Initial: _____

UIN: _____ Number of hours currently registered: _____ (Request must be submitted each semester)

Request for Semester: Fall 20____ Spring 20____ Summer I 20____ Summer II 20____ Summer 10-week 20____

I certify that I am, and will remain, enrolled for the minimum hours required to be eligible for an assistantship.

Graduate Assistant Signature Date Telephone # TAMU Email Address

B. Employing Department Name: _____ **Job Title:** GANT GAT GAR GAL

Assistantship Hire Date: _____ FTE: _____% Job Title Code: _____ (Include EPA)

Assistantship Termination Date: _____ Supervisor Telephone Number: _____

A copy of the student's job duties, and how they relate to the student's degree program must be attached to this form.

I certify that the above mentioned student is employed in a qualified position for the current semester, and is assigned the duties attached.

Printed Name of Authorized Signer Signature Date

C. Academic Department Name: _____ **Four Letter Department Code:** _____

I certify that the duties attached support the above named Graduate Assistant's degree program.

Printed Name of Authorized Signer Signature Date

FOR OGAPS USE ONLY:

Hours Registered: _____

GPA: _____

Approved By:

Associate Provost for Graduate Studies Date