

**Texas A&M University – Office of Graduate and Professional Studies
Non-Resident Tuition Waiver Request for Spouse/Dependents of Graduate Assistants**

RULES OF ELIGIBILITY FOR WAIVER

Graduate Assistants who are employed in the Graduate Assistant Research, Graduate Assistant Teaching, Graduate Assistant Non-Teaching, and Graduate Assistant Lecturer 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. 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. Spouse/Dependent of Graduate Assistant

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 the spouse/dependent of an eligible Graduate Assistant. Formal proof of marriage/dependency must be attached.

Signature Date Telephone # Email Address

B. Graduate Assistant:

Name: _____ UIN: _____

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

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 # Email Address

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

I certify that the above mentioned student is employed in a graduate assistant position for the current semester.

Printed Name of Authorized Signer Signature Date

Approved By:

Associate Provost for Graduate Studies Date