

Application for Non-Resident Tuition Waiver Graduate Student Assistantships

A non-resident teaching/research assistant of a State of Texas institution of higher education may be entitled to resident tuition and fees in accordance with Texas Education Code, Sec. 54.212. For details regarding requirements for this waiver, please visit: <http://www.uh.edu/af/universityservices/policies/mapp/11/110303.pdf>

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.

Approved forms must be emailed to the Graduate School by the 10th class day for the Fall and Spring terms or by the 2nd class day of session 1 for the Summer term at gradschool@uh.edu.

A. Student		
myUH ID:	Last Name:	First Name:
Term: <input type="checkbox"/> Fall/Spring <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer*	Year: <input type="checkbox"/> 20__ __-20__ __ <input type="checkbox"/> 20__ __	Degree Plan:
I understand that I meet all requirements for resident tuition based on my employment as outlined in Texas Education Code, Sec. 54.212 and further explained in MAPP 11.03.03. I understand that if my employment status changes making me ineligible for the exemption, I will pay the required non-resident tuition by the deadline as posted on my account. Non-payment will result in cancellation of my registration and/or loss of credit for the term.		
-----		____/____/-----
Signature		Date

B. Employing Department			
Employing Department Name:	Job Title: <input type="checkbox"/> TA <input type="checkbox"/> TF <input type="checkbox"/> IA <input type="checkbox"/> RA <input type="checkbox"/> RA-TE	FTE:	
Job Duties:			
Department/College Business Administrator Certification: I certify that the student named above has been offered employment in the qualified position above and is assigned the job duties provided for the term(s) indicated.			
-----		____/____/-----	
Signature		Print Name	Date

C. Academic Department		
Department Name:	Department Code:	
Academic Faculty Advisor Certification: I certify that the duties listed in section B (or attached) relates to the student's degree program for the term(s) indicated.		
----- Signature	----- Print Name	____/____/____ Date
Academic Department Chair Certification: I certify that the duties listed in section B (or attached) relates to the student's degree program for the term(s) indicated.		
----- Signature	----- Print Name	____/____/____ Date

D. Graduate School		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied - Reason: _____		
----- Vice Provost/Dean Signature	----- Print Name	____/____/____ Date

*A separate waiver must be submitted for summer. Student qualifies for a waiver for summer if the student is employed by the 4th day of class through the last day of class of session 1.