

Application for Non-Resident Tuition Waiver – Undergraduate Academic Support Assistants

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 <u>MAPP11.03.03</u>.

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 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 submitted to Student Business Services located in the Welcome Center by the census day of the respective term (Fall and Spring: 12th class day, Summer: 4th class day).

Section A. Student

myUH ID:	Last Name:	First Name:			
Term:	Year: 2 0	Degree Plan:			
I understand that I meet all requirements for resident tuition based on my sponsor's employment as outlined in Texas Education Code, 54.211 or 54.212 and further explained in MAPP 11.03.03. I understand that if my sponsor's employment status changes, making me ineligible for 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	Print Name	Date			

Section B. Employing Department

Employing Department Name:	Job Title:	FTE:				
Job Duties:						
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 indicated.						
Signature Print Na	me Date					

Section C. Academic Department

Department Name:		Department Code:		
Academic Faculty Advisor/Program Director 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		

Section D. Student Business Services

Approved	Denied - Reason:		
Bursar 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.

Mail to: Cashier's Office Welcome Center 4434 University Drive, Rm. 114 Houston, TX 77204-6033

Email: waivers@central.uh.edu

In Person: Student Business Services - Customer Service Welcome Center Rm. 124

Questions: 713-743-1010 Option 6