**FEE ASSISTANCE WAIVER FORM**

**TA/RA/GPTI**

This form must be presented to the TTUHSCEP Student Business Services Office no later than the close of business on the 12th class day of a fall or spring semester or the 4th class day of a summer term.

A SEPARATE FORM WITH ORIGINAL SIGNATURES IS REQUIRED FOR EACH SEMESTER/TERM IN WHICH THE EXEMPTION/WAIVER IS BEING CLAIMED.

APPLICATION BY TEACHING ASSISTANTS, RESEARCH ASSISTANTS, AND GRADUATE PART-TIME INSTRUCTORS TO REQUEST A WAIVER FROM PAYMENT OF INSTITUTIONAL TUITION, STUDENT SERVICES FEE, INFORMATION TECHNOLOGY FEE, STUDENT UNION FEE, RECREATION CENTER FEE, AND COURSE FEES.

The Texas Tech University Health Sciences Center El Paso Board of Regents has provided that a student who on or before the 12th class day of a fall or spring semester or the 4th class day of a summer term were benefits eligible employees of Texas Tech University Health Sciences Center El Paso, eligible for State benefits as defined in section 31.001(6) of the Texas Civil Statutes, Title 110 B, and the "Rules and Regulations of the Board of Trustees of the Teacher Retirement System of Texas" and employees who on or before the 12th class day of a fall or spring semester or the 4th class day of a summer term were appointed at least one-half time as a Teaching Assistant, Research Assistant, or Graduate Part-Time Instructor may be waived from the payment of Institutional Tuition, Student Services Fee, Information Technology Fee, Student Union Fee, Recreation Center Fee, and Course Fees.

In the event I do not qualify for this waiver, I do hereby agree to pay Texas Tech University Health Sciences Center El Paso, the amount I should have paid as a non-waivered student.

I further understand and agree that if I fail to make payment as required in the notification that I will not receive credit for course work completed during the semester or term in which the waiver was claimed. I also understand and agree that I will not be entitled to receive an official academic transcript.

I understand and agree that Texas Tech University Health Sciences Center El Paso, at its option, may revoke this waiver immediately upon determination that I no longer meet eligibility requirements.

I, __________________________________ R ___________________________ Student ID #

(Print or type Last Name, First Name, MI)

I certify that to the best of my knowledge that I am qualified for the waiver indicated and hereby apply to Texas Tech University Health Sciences Center El Paso for the waiver of fees.

---------------------------------------EMPLOYMENT CERTIFICATION----------------------------------------

Check the appropriate block to indicate your official job title:

☐ Teaching Assistant 040371
☐ Research Assistant 040630
☐ Graduate Part-Time Instructor 043072

Employee/Claimant Signature

This section must be signed by the chairperson or other authorized academic official of the Dean's Office in the appropriate college. Signatures must be original for acceptance.

I certify, to the best of my knowledge that the student (claimant) is appointed and performing duties in the position indicated on this form for the semester/term claimed and that such appointment is directly related to their degree program and is in compliance with TTUHSCEP policy.

Department: __________________________ Mail Stop: ____________ Phone # ______________

Original Signature of Authorized Official Title Date

Printed Name of Authorized Official

I certify, to the best of my knowledge, that the student (claimant) is appointed and performing duties in the position claimed on this form and that employment is at least one-half time (20 hours per week) in the semester/term for which the waiver is being claimed.

I further certify, to the best of my knowledge, that appointment was effective on or before the 12th class day of a fall or spring semester or the 4th class day of a summer term.

Employee's Payroll Account Number: ______________________________________________

Employing Department: ________________________________________________

Mail Stop: _________ Phone # ____________

Original Signature of Authorized Official Title Date

Printed Name of Authorized Official

I understand that by action of the Texas Tech University Health Sciences Center El Paso Board of Regents, I have the option to elect to pay the Student Services Fee, Student Union Fee, and Recreation Center Fee. I further understand and agree that this election to pay is irrevocable.

☐ To pay Student Services Fee
☐ To pay Student Union Fee (Synergistic Center at TTUHSC El Paso)

Signature Date

TTUHSCEP Student Business Services Office Use Only

Exemption/Waiver Sub code Date of TechRIS Audit
Hours at Time of Submittal Appointment Date
Date Entered Percentage of Employment
Entered by Hours at Time of Audit
Date of Rejection Notification TechRIS Audit Performed by