



**Office of the Registrar**  
 P.O. Box 20036 - UCT 2250  
 Houston, TX 77225  
 (713)500-3388 Fax: (713)500-3356

Student ID Number

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For Office Use Only:

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Plan 

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Code 

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## PETITION FOR REMISSION OF TUITION

**Non-Resident students eligible to pay in-state tuition must submit this form each term PRIOR TO or DURING REGISTRATION. BOTH Part A and Part B MUST be completed prior to submitting this form. Incomplete forms will cause a delay in processing.**

### Part A. Section to be completed by the student:

**PRINT Name (Last, First Middle)**

Term:  Fall  
 Spring  
 Summer

Year

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### BASIS FOR DETERMINATION:

The student must be:

1. Employed in a paid position as a Teaching Assistant or Graduate Research Assistant at UTHealth, MDACC SHP, or UTHSCT (Tyler).
2. Employed on at least a half-time basis in a position related to the student's degree program, and
3. Employed for the entire term for which the exemption is granted.

**Student Signature**

**Date**

### Part B. This section is to be completed by one of the following offices:

- GSBS Business Office (BSRB S3.8423) or MDA Education & Training (7007 Bertner 1MC127.3227) for GSBS or MDA SHP student employees,
- SPH Admin Services (RAS W130) for SPH student employees,
- Pierre Neuenschwander for UTHSCT (Tyler) student employees, or
- UTHealth Human Resources (UCT 1.150) for all other student employees.

**Date**

**Employing Department/School**

**Title of Position**

**Hours per week**

**Dates of Employment**

**Signature**