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

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

12/11/2018