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, or UTHealth Northeast.
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 Dept of Trainee & Alumni Affairs (1400 Pressler, 7.5000) for GSBS students
- SPH Admin Services (RAS W130) for SPH students,
- Pierre Neuenschwander for UTHealth Northeast students, or
- UTHealth Human Resources (UCT 1.150) for all other students

Date  
Employing Department/School

Title of Position  
Hours per week

Dates of Employment  
Signature

12/15/2017