Research Assistant/Teaching Assistant Waiver Request

Student ID: ______________________________________ Date: ________________________________
Printed Name: _____________________________________________________ Term: ______
Cell Phone: _______________

Purpose

Each student seeking to receive a waiver of out-of-state tuition through the Research Assistant or Teaching Assistant Waiver (Texas Education Code, 54.212) must complete and submit this application each semester by the university’s census date to verify eligibility as indicated by state code. The hiring department supervisor must also provide a signed statement of the student’s job description. The signed statement of the student’s job description must be submitted along with this application.

Eligibility

To be eligible to receive this waiver a student must:

• Hold the position title of research assistant or teaching assistant only (Graduate Assistants are not eligible for the Research Assistant/Teaching Assistant Waiver)
• Be appointed to work in the position for 20 hours per week
• Be appointed to work for less than 4.5 months
• Have a “break in service” between consecutive appointments
• Hold a research assistant or teaching assistant position that relates specifically to the student’s degree program
• Maintain a grade point average that satisfies the institution’s grade point average requirement (cumulative 2.0 for undergraduate students/3.0 for graduate students) for making satisfactory academic progress toward a degree in accordance with the institution’s policy regarding eligibility for financial aid

Signatures:
(Signatures must be obtained in the following order)

1) Student: ____________________________________________ Date: ________________________________

2) International Advisor: __________________________ Date: __________________________ (Required for all International students)

3) College Advisor: __________________________ Date: __________________________

   Major: __________________________

4) Hiring Department Supervisor: __________________________ Date: __________________________

   Student Position Title: __________________________

   Job Description: __________________________

   A signed copy of the job description is attached: _____Yes _____No

   Hours Appointed Per Week: ______ Appointment Dates: __________ to __________

Return this form to the Enrollment Services Center (ADM 230) by the university census date.

Email: enroll@uttyler.edu   Fax: 903.566.7183