

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

Student ID Number

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For Office Use Only:

Approved _____ Disapproved _____

Initials: _____ Date: _____

Plan

Code

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PETITION FOR REMISSION OF TUITION

A non-resident student who is eligible to pay Texas in-state tuition rates based on student employment must complete Part A of the this form and submit it to the appropriate office listed in Part B. The student should not send the form to the Registrar's Office. The form must be received in the Registrar's Office by the 12th class day for the Fall or Spring term and the 4th class day for the Summer term. Forms received after the deadline will not be processed. Please work with the appropriate office to ensure timely submission of the form to the Registrar's Office. A new form must be completed each semester the student is eligible to pay in-state tuition rates.

Part A. Section to be completed by the student:

PRINT Name (Last, First Middle)

Year

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Term: Fall
 Spring
 Summer

BASIS FOR DETERMINATION:

The student must be:

1. Employed in a paid position as a Teaching Assistant or Graduate Research Assistant at UTHealth or MDACC SHP.
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:

- MD Anderson: RTP-EAS@mdanderson.org for MD Anderson student employees
- SPH: Admin Services RAS W130 (sphpersonnel@uth.tmc.edu) for SPH student employees,
- All others: Human Resources UCT 1.150 (hr@uth.tmc.edu) for all other student employees.

Date

Employing Department/School

Title of Position

Hours per week

Dates of Employment

Signature