REQUEST FOR EXEMPTION FROM NON-RESIDENT TUITION
FOR (Texas State) COMPETITIVE SCHOLARSHIP RECIPIENTS

Student’s Name _______________________________ Texas State ID# ___________

_____ Undergraduate _____ Graduate

I certify that the student named above qualifies for a waiver of the non-resident tuition in accordance with the regulations as follows:

(1) The student competed for the scholarship with other students including Texas residents.
(2) The scholarship was awarded by an officially recognized Texas State University scholarship committee.
(3) The amount of the scholarship is $ ___________ for the academic year.
(4) The scholarship ____ (is) ____ (is not) academic.

This waiver is for the 20____-20____ academic year and applies to the
Fall _______ Spring _______ Summer _________ semesters.

__________________________  ______________________
Signature of Dept. Head or Administrative Official  Date

__________________________  ______________________
Department or Office  Phone number/Email

The awarding department should submit this form, on behalf of the student, to the following:
Student Business Services Office
J.C. Kellam Building, Rm. 188

________________________________________________________________________________________________________________________________________________

NOTE:
To receive credit for the exemption, this form MUST be returned to the Student Business Services Office, JCK 188, not later than the 12th class day of the Fall/Spring semesters or the 4th class day of the Summer semesters.

****Forms received after the 12th or 4th class day deadlines WILL NOT be honored.****