

**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

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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.******