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) Name of Scholarship ______________________________

(5) 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.****