

**Request for TUITION & FEE Exemption**  
**Mandatory Graduate Assistantship Courses**

*Note:* The **employing department** should submit this form directly to the Student Business Services Office on behalf of the student.

Semester \_\_\_\_\_

Employee's Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Course \_\_\_\_\_

Job Title \_\_\_\_\_ Job Code number \_\_\_\_\_

Qualifying Positions:

- Doctoral Teaching Assistant #9100
- Doctoral Instructional Assistant #9101
- Graduate Teaching Assistant #9000
- Graduate Instructional Assistant #9001

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CERTIFICATION OF EMPLOYING DEPARTMENT: I certify that the above named person is or will be employed by my department and enrolled in the above listed course for the semester indicated above and meet all of the following requirements:

- (1) is in a teaching or instructional assistant position,
- (2) has a beginning employment date on or before the 12<sup>th</sup> class day (4<sup>th</sup> class day for a summer term) and an ending employment date no earlier than the last official class day, and
- (3) is in a position that relates to his/her degree program.

I agree to notify the Student Business Services Office immediately should the employment and/or course enrollment status change for this employee.

Signature of Dept Head \_\_\_\_\_ Phone/Email 512.245.2551/sm26@txstate.edu

Employing Dept Mathematics Date \_\_\_\_\_

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CERTIFICATION OF STUDENT EMPLOYEE: I certify that I am now or will be employed by Texas State University in a qualifying position; and I am now or will be enrolled in the course as listed above. I understand and meet the employment and course enrollment requirements as outlined in the certification of the employing department above. I agree to notify the Student Business Services Office immediately should my employment and/or course enrollment status change.

Furthermore, I understand that the employment and course enrollment status on which this request is based is subject to audit. If it should be determined that the employment and/or course enrollment is not the type for which this exemption should have been granted, I will pay the required tuition and fees immediately. Non-payment may result in an accounting hold on my account and/or cancellation of my registration.

Signature of Student Employee \_\_\_\_\_ Date \_\_\_\_\_

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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 12<sup>th</sup> class day of the Fall/Spring semesters or the 4<sup>th</sup> class day of the Summer semesters.**

**\*\*\*\*\*Forms received after the 12<sup>th</sup> or 4<sup>th</sup> class day deadlines WILL NOT be honored.\*\*\*\*\***