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

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 12th class day (4th
      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_____

Employing Dept_____ Date_____

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_____

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.******