

**REQUEST FOR EXEMPTION FROM NON-RESIDENT TUITION**  
**FOR STUDENT EMPLOYEES**

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

Semester \_\_\_\_\_ Fall \_\_\_\_\_ Year \_\_\_\_\_  
                  \_\_\_\_\_ Spring \_\_\_\_\_  
                  \_\_\_\_\_ Summer I \_\_\_\_\_  
                  \_\_\_\_\_ Summer II \_\_\_\_\_

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

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

.....  
CERTIFICATION OF EMPLOYING DEPARTMENT: I certify that the above named person is or will be employed by my department for the semester indicated above in a qualifying position as listed overleaf and meets all of the following requirements:

- (1) is in a teaching or research position,
- (2) is employed at least one-half time (20 hours per week),
- (3) has a beginning employment date on or before the 12th 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
- (4) is in a position that relates to his/her degree program.

I agree to notify the Student Business Services Office immediately should any of the employment conditions change for this employee.

Signature of Dept Head \_\_\_\_\_ Phone/Email 5-2178 JT33

Employing Dept BIOLOGY \_\_\_\_\_ 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 as listed overleaf. I understand and meet the employment requirements as outlined in the certification of employing department above. I agree to notify the Student Business Services Office immediately should any of my employment conditions change.

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

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

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If this exemption from non-resident tuition is requested for the spouse or child of the employee, list that person's name and Texas State ID number below.

\_\_\_\_\_  
(To receive a refund for tuition already paid, this form must be submitted no later than the 12<sup>th</sup> class day of the semester indicated above. Return completed form to the Texas State University-San Marcos Student Business Services Office, 601 University Dr., JCK 188, San Marcos, TX 78666.)

## QUALIFYING POSITIONS

Students employed in the following job titles (and their spouses and children) are eligible to qualify for an exemption from non-resident tuition.

Doctoral Teaching Assistant #9100  
Doctoral Instructional Assistant #9101  
Doctoral Research Assistant #9102  
Graduate Teaching Assistant #9000  
Graduate Instructional Assistant #9001  
Graduate Research Assistant #9002  
Undergraduate Instructional Assistant #9006

Teachers or Professors employed in the following job titles (and their spouses and children) are eligible to qualify for an exemption from non-resident tuition.

Lecturer #0104  
Visiting Lecturer #0106  
Instructor #0111  
Visiting Instructor #0114  
Assistant Professor #0141  
Visiting Asst Professor #0143  
Associate Professor #0161  
Professor #0162  
Visiting Associate Professor #0163  
Visiting Professor #0164  
Chair, Asst Professor #0181  
Chair, Professor #0191  
Chair, Associate Professor #0181  
Faculty Development Leave #0199  
Program Faculty #0193