# Out of State Waiver Request Form

**SECTION A: Requested Semesters (choose all the semesters needed in the academic year)**

<table>
<thead>
<tr>
<th>Fall</th>
<th>Fall 8 WK 1</th>
<th>Fall 8 WK 2</th>
<th>Spring</th>
<th>Spring 8 WK 1</th>
<th>Spring 8 WK 2</th>
<th>Summer</th>
</tr>
</thead>
</table>

**SECTION B: Employee Information**

- Employee's First and Last Name: [Blank]
- Employee's ID number: [Blank]
- Employee's Email Address: [Blank]

**SECTION C: Degree Program and Job Information**

- Name of Student if different than Employee (Dependent or Spouse): [Blank]
- Department Name: [Blank]
- Enter Graduate Teaching Asst. or Grad. Research Asst.: [Blank]
- Academic Career: [Blank]
- Number of Hours Worked Each Week: [Blank]

**Student's classification (select one):**
- [ ] Masters
- [ ] Doctorate

Below give a description of your job duties and how they relate to your degree program.

Are you receiving Financial Aid assistance? Please answer in box. If so, please have FA representative sign below.

Financial Aid Signature: [Blank]

Date: [Blank]

**SECTION D: Student and/or Employee Certification**

Student and/or Employee Confirmation: If this waiver is determined to be invalid based on the items specified in Section 54.211 or 54.212, I understand I am immediately liable for any difference in tuition costs. I further understand failure to pay any additional amounts may result in immediate withdrawal from the University. I authorize the University to assign any unpaid tuition, fees and/or financial aid funds to a collection or credit reporting agency or agencies for the purpose of collecting the amount due, at the option of the University. I promise to pay all attorney’s fees and other reasonable collection costs and charges necessary for the collection of any amount not paid when due. Submit this form to your employing department for further approvals.

Employee Signature: [Blank]

Date: [Blank]

Student Signature (if spouse or dependent): [Blank]

**SECTION E: Hiring Department Certification**

It is the responsibility of the employing department/s to understand the State statute governing this waiver and to ensure its proper use. By signing the Employment Waiver, the academic representative is stating that the information provided is true and correct, and that all conditions of the statute have been met. Waivers will be audited, and the responsibility for certifying the eligibility lies with the academic representative who signs the waiver. By submitting this web form, I certify that the employee indicated above will be qualified for an employment waiver under the provisions of Section 54.211 or 54.212 of the Texas Education Code. I understand the employee must be included on the payroll records of the University with an employment date on or before the 12th University class day of the regular terms and on or before the 4th University class day in the summer terms. I certify the employee will be employed at least 50% actual time in an eligible position.

Department's Representative Printed First and Last Name: [Blank]

Date: [Blank]

Department’s Representative Signature: [Blank]