THE UNIVERSITY OF TEXAS AT EL PASO

GRADUATE SCHOOL

Verification of TA/RA/AI/Participant Award

Waiver of Non-Resident Tuition Rate

This form certifies that this student is eligible to receive the following tuition waiver

Graduate Student ☐ **MS** ☐ **PhD** **Email:** _____ **Phone:** _____

◯ Assistant Instructor ◯ Research Assistant ◯ Teaching Assistant

◯ Participant Award ◯ Research Associate

EID: _____

Name: _____ _____ _____ **ID #:** _____

Last Name (Family) First Middle

Birth Date: ___/___/_____ **Term:** ◯ **Fall** ◯ **Spring** ◯ **Summer** ◯ **May** ◯ **Winter** **Year:** _____

Program: _____ ◯ **Master's** ◯ **Doctoral**

Consistent with statutory regulations, all TA/RA/AI appointments must be in areas related to the student's program of study. Academic departments must submit this verification to the Graduate School each semester or on an annual basis, depending on the length of the student's appointment.

*** Waiver *CANNOT* be processed after the official census day (12th day of class during long semesters); unless, a memo of justification from the Dean is provided prior to semester mid-term. * Any requests after semester mid-term will not be accepted.**

If the non-resident tuition waiver is also being requested for a dependant of a TA/RA/AI/PAW, complete the following: (Proof of relationship must be attached)

Dependent Name: _____ ID#: _____

Relationship to TA/RA/AI/PAW recipient: ☐ Spouse ☐ Dependent Child

I certify that all the above conditions have been met. If determined ineligible, I understand that I must pay non-resident tuition or I will be subject to disenrollment. Arrangements for any additional payments will be made with the Cashier's Office prior to the census date of the term in question.

Student Signature: _____ **Date:** ___/___/_____

Departmental Approval for TA/RA/AI Appointment

I certify that this student will be working as a TA/RA/AI for no less than 20 hrs/wk throughout the semester indicated in an area related to his/her program of study.

GPA: _____ **Hours Enrolled:** _____ **Account No.:** _____ **Actual Amount: per semester** _____

TOEFL Score: _____

Appointing Dept Chair: _____ **Dept :** _____ **Date:** ___/___/_____

For appointments in area other than the student's major, you may be required to provide a brief rationale demonstrating how the appointment is related to the student's graduate program.

Departmental Approval for Participant Award

Account No.: _____

(The award must be competitive. Please provide the following: a letter of justification with criteria used to award, and list of applicant pool.)

Participant Award project or experience: _____ **Amount:** _____

Supervising Professor: _____ **Department Chair:** _____

FOR OFFICE USE ONLY

College Dean Approval: _____ **Date:** ___/___/_____

Graduate School Approval: _____ **Date:** ___/___/_____

Revised: 11/16/2010