



Application for Non-Resident Tuition Waiver - Faculty

A non-resident teacher, professor, or teaching/research assistant of a State of Texas institution of higher education and the spouse and children of the teacher, professor, teaching/research assistant may be entitled to resident tuition and fees in accordance with Texas Education Code Sec. 54.211. For details regarding requirements for this waiver, please visit: MAPP11.03.03.

Sec. 54.211. FACULTY AND DEPENDENTS. A Teacher or professor of an institution of higher education, and the spouse and children of such a teacher or professor, are entitled to register in an institution of higher education by paying the tuition fee and other fees or charges required for Texas residents without regard to the length of time the teacher or professor has resided in Texas. A teacher or professor of an institution of higher education and the teacher's or professor's family are entitled to the benefit of this section if the teacher or professor is employed at least one-half time on a regular monthly salary basis by an institution of higher education.

Approved forms must be submitted to Student Business Services located in the Welcome Center by the census day of the respective term (Fall and Spring: 12th class day, Summer: 4th class day).

myUH ID:	Last Name:	First Name:
Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year: 20__ __	Degree Plan:
I certify that I meet all the requirements for resident tuition based on employment as outlined above and further explained in MAPP 5.03.02. I understand, that if the employment status changes making me ineligible for the exemption. I will pay the required non-resident tuition by the required deadline as posted my account. Non-payment will result in cancellation of my registration and/or loss of credit for the term.		
_____ Signature	_____ Print Name	_____ Date

Section B. Employing Department

Employing Department Name:	Job Title:	FTE:
Job Duties:		
College Business Administrator Certification: I certify that the student named above has been offered employment in the qualified position above and is assigned the job duties provided for the term indicated.		
_____ Signature	_____ Print Name	_____ Date

Section C. Academic Department

Department Name: _____		Department Code: _____
Academic Faculty Advisor/Program Director Certification: I certify that the duties listed in Section B (or attached) relates to the student's degree program for the term(s) indicated.		
Signature _____	Print Name _____	Date _____
Academic Department Chair Certification: I certify that the duties listed in Section B (or attached) relates to the student's degree program for the term(s) indicated.		
Signature _____	Print Name _____	Date _____

Section D. Student Business Services

<input type="checkbox"/> Approved <input type="checkbox"/> Denied - Reason: _____		

Bursar Signature _____	Print Name _____	Date _____

*A separate waiver must be submitted for summer. Student qualifies for a waiver for summer if the student is employed by the 4th day of class through the last day of class of session 1.

Cashier's Office
Welcome Center
4434 University Drive, Rm. 114
Houston, TX 77204-6033

bursar@uh.edu
713-743-1010, Option 6