

Out of State Waiver Request Form

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

☐

Fall

☐

Fall 8 WK 1

☐

Fall 8 WK 2

☐

Spring

☐

Spring 8 WK 1

☐

Spring 8 WK 2

☐

Summer

SECTION B: Employee Information

Employee's First and Last Name

Employee's ID number

Employee's Email Address

SECTION C: Degree Program and Job Information

Name of Student if
different than Employee
(Dependent or Spouse)

Department Name

Enter Graduate
Teaching Asst. or
Grad. Research Asst.

Academic Career

Number of Hours
Worked Each Week:

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

Student's classification (select one):

☐

Masters

☐

Doctorate

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

Financial Aid Signature

Date

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

Date

Student Signature (if spouse or dependent)

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

Date

Department's Representative Signature

UNT Health Science Center

Student Service Center Office of Student Finance

1051 Haskell St Ste. 150, Fort Worth, TX 76107 | 817-735-2026 | Fax

817-735-0677