



## Office of the Registrar

P.O. Box 20036 - UCT 2250  
Houston, TX 77225  
(713)500-3388 Fax: (713)500-3356

Student ID Number

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For Office Use Only:

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Plan

Code

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## PETITION FOR REMISSION OF TUITION

Non-Resident students eligible to pay in-state tuition must submit this form each term PRIOR TO or DURING REGISTRATION. BOTH Part A and Part B MUST be completed prior to submitting this form. Incomplete forms will cause a delay in processing.

### Part A. Section to be completed by the student:

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PRINT Name (Last, First Middle)

Term: ☐ Fall  
☐ Spring  
☐ Summer

Year

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### Select School

- ☐ Graduate School of Biomedical Sciences
- ☐ McGovern Medical School
- ☐ School of Biomedical Informatics
- ☐ School of Dentistry
- ☐ School of Nursing
- ☐ School of Public Health
- ☐ MD Anderson SHP

### BASIS FOR DETERMINATION:

The student must be:

1. Employed in a paid position as a Teaching Assistant or Graduate Research Assistant at UTHealth or MDACC SHP.
2. Employed on at least a half-time basis in a position related to the student's degree program, and
3. Employed for the entire term for which the exemption is granted.

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Student Signature

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Date

### Part B. This section is to be completed by one of the following offices:

- GSBS Business Office (BSRB S3.8423) or MDA Education & Training (7007 Bertner 1MC127.3227) for GSBS or MDA SHP student employees,
- SPH Admin Services (RAS W130) for SPH student employees,
- UTHealth Human Resources (UCT 1.150) for all other student employees.

Date

Employing Department/School

Title of Position

Hours per week

Dates of Employment

Signature