



Office of the Registrar

P.O. Box 20036 - UCT 2250
Houston, TX 77225
(713)500-3361 Fax: (713)500-3356

Student ID Number

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Approved: Disapproved:

Initials: Date:

Pool Code

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For Office Use Only:

PETITION FOR DETERMINATION OF RESIDENT TUITION

Non-Resident Students eligible to pay in-state tuition must submit this form each term PRIOR TO or DURING REGISTRATION, if UTLINK (residence status) does not indicate that a waiver has been granted.

Part A. Section to be completed by the student:

PRINT Name (Last, First Middle)

Term: Fall Spring Summer

Year

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Select School

- Dental Branch
- Graduate School of Biomedical Sciences
- Medical School
- School of Health Information Sciences
- School of Nursing
- School of Public Health

BASIS FOR DETERMINATION:

The student must meet all of the following:

- Employed in a paid position as a Teaching Assistant, Graduate Research Assistant, or Post-Doctoral Fellow at UTHSC-H or MDACC
- Employed on at least a half-time basis in a position related to the student's degree program
- Employed for the entire term for which the exemption is granted

Student's Signature

Date

Part B. Section to be completed by GSBS Business Office (BSRB S3.8423), MDA Dept of Trainee & Alumni Affairs (HMB 16.155), SPH Admin Services (RAS W130), or UTHSC-H Human Resources (UCT 1.150) for students not enrolled at GSBS or SPH.

Date

Employing Dept/School

Title of Position

Hours per week

Dates of Employment

Signature