



# SAM HOUSTON STATE UNIVERSITY

## TUITION WAIVER AGREEMENT

### INSTRUCTIONS:

#### **Applicants:**

- Review form and fill out all applicable blanks
  - Electronically sign the form by clicking on the “Applicant’s Signature” blank
  - Save the form and email it to your Division/Department Chair or Supervisor for approval
- \*Upon approval, your department will forward to the Payroll Office

#### **Division/Department Chair or Supervisor:**

- Confirm student will be employed in a Salaried Graduate Position
- Confirm student will be employed at least 20 hours a week (50% FTE)
- Confirm student will be employed by the semester's 12th class day
- Confirm employment is setup for the entire semester
- Confirm student is employed in field related to the student's major (a written explanation could be required from the Department if needed)
- Verify all information on the form
- Electronically sign the form by clicking on the “Division/Department Chair or Supervisor” blank
- Save the form and email it to the Payroll Office at [payroll\\_office@shsu.edu](mailto:payroll_office@shsu.edu) for final processing

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The Payroll Office will review the Tuition Waiver and forward to the Student Accounts Office for application to the student’s fee statement.

Please contact the Payroll Office at 936-294-1273 or [payroll\\_office@shsu.edu](mailto:payroll_office@shsu.edu) with any questions.

Sam Houston State University is an Equal Opportunity/Affirmative Action Institution.

John W. Thomason Building, Suite 203 - Box 2095 - Huntsville, TX. 77341-2095 - 936.294.1273 - Fax 936.294.1099

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# SAM HOUSTON STATE UNIVERSITY

## TUITION WAIVER AGREEMENT

I, \_\_\_\_\_, hereby affirm that I qualify for a tuition waiver because:

- \_\_\_\_\_ (a) I am a teacher or professor, or the spouse or child thereof, who is employed at least one-half time (twenty hours per week) on a regular salary basis at any Texas public institution of higher education and my effective date of employment is on or prior to the official census date of the relevant term(s), **or**
- \_\_\_\_\_ (b) I am a teaching assistant or research assistant, or the spouse or child thereof, who is employed at least one-half time (twenty hours per week) in an academic position relating to my academic degree program and my effective date of employment is on or prior to the official census date of the relevant term(s). If I am claiming the waiver because my spouse or parent is a teaching or research assistant, I understand my spouse or parent must be employed one-half time in an academic position relating to their academic degree program at any Texas public institution of higher education and their effective date of employment is on or prior to the official census date of the relevant term(s).

**READ CAREFULLY:** For teaching assistants or research assistants (line (b) above), this tuition waiver agreement is null and void IF HOURS USED TO ESTABLISH THE HALF-TIME LOAD OF TWENTY HOURS INCLUDE REPORTED HOURS FROM WHERE APPLICANT (or if applicable, applicant's spouse or parent) IS EMPLOYED IN AUXILIARY ENTERPRISES OR IS EMPLOYED BY NONACADEMIC ACTIVITIES AT ANY TEXAS PUBLIC INSTITUTION OF HIGHER EDUCATION.

If I checked line (b) about, I UNDERSTAND AND I (or if applicable, my spouse or parent) MUST WORK AN AVERAGE OF TWENTY HOURS PER WEEK PER SEMESTER AT ANY TEXAS PUBLIC INSTITUTION OF HIGHER EDUCATION. THESE HOURS, as well as the position's academic duty relationship, ARE SUBJECT TO AUDIT AND VERIFICATION AT ANY TIME. I UNDERSTAND IF THIS HALF-TIME STATUS AND ACADEMIC RELATIONSHIP IS NOT ACHIEVED THAT I WILL BE LIABLE FOR THE FULL AMOUNT OF NONRESIDENT TUITION AND FEES. I FURTHER UNDERSTAND **THIS AGREEMENT MUST BE RENEWED EACH SEMESTER.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title/Duties

\_\_\_\_\_  
Applicant's Sam ID

\_\_\_\_\_  
Major/Minor

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### Academic Division/Department Certification

\_\_\_\_\_ (applicant or applicant's parent or spouse) will be employed in the  
\_\_\_\_\_ academic division/department \_\_\_\_\_ hours per week during the \_\_\_\_\_  
semester/year (i.e., Fall 2015).

This applicant is hereby certified to be eligible for the tuition waiver by virtue of meeting the above requirements.

\_\_\_\_\_  
Division/Department  
Chair or Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Residence Classification  
Officer

\_\_\_\_\_  
Date

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