



# GRADUATE SCHOOL

Mike Loya Academic Services Building, Room 223  
The University of Texas at El Paso  
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## VERIFICATION OF TA/RA/AI/PARTICIPANT AWARD Waiver of Non-Resident Tuition Rate

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ PeopleSoft ID: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ UTEP ID: \_\_\_\_\_ Term: ☐ Fall ☐ Spring ☐ Summer ☐ May ☐ Winter Year: \_\_\_\_\_

Program: \_\_\_\_\_ College: \_\_\_\_\_ ☐ Master's ☐ Doctoral

☐ Assistant Instructor ☐ Participant Award ☐ Research Assistant ☐ Research Associate ☐ Teaching Assistant ☐ Graduate Assistant

Consistent with statutory regulations, all TA/RA/AI appointments must be in areas related to the student's program of study. Academic departments must submit this verification to the Graduate School each semester or on an annual basis, depending on the length of the student's appointment.

- Waiver CANNOT be processed after the official census day. (No exceptions can be made)

If the non-resident tuition waiver is also being requested for a dependant of a TA/RA/AI/PAW, complete the following: (Proof of relationship must be attached). Dependents must meet the academic requirements.

Dependent Name: \_\_\_\_\_ UTEP ID: \_\_\_\_\_

Relationship to TA/RA/AI/PAW recipient: ☐ Spouse ☐ Dependent Child PeopleSoft ID: \_\_\_\_\_

I certify that all the above conditions have been met. If determined ineligible, I understand that I must pay non-resident tuition or I will be subject to disenrollment. Arrangements for any additional payments will be made with the Cashier's Office prior to the census date of the term in question.

Student Signature : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Departmental Approval for TA/RA/AI Appointment

I certify that this student will be working as a TA/RA/AI for no less than 20 hrs/wk throughout the semester indicated in an area related to his/her program of study. Student must meet academic requirements.

GPA: \_\_\_\_\_ Hours Enrolled: \_\_\_\_\_ Cost Center: \_\_\_\_\_ Actual Amount per Semester: \_\_\_\_\_

TOEFL Score: \_\_\_\_\_ Appointing Dept. Chair: \_\_\_\_\_ Dept. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For appointments in area other than the student's major, you may be required to provide a brief rationale demonstrating how the appointment is related to the student's graduate program.**

### Departmental Approval for Participant Award

(The award must be competitive. Please provide the following: a letter of justification with criteria used to award, and list of applicant pool.)

Cost Center: \_\_\_\_\_ Supervising Professor: \_\_\_\_\_ Department Chair: \_\_\_\_\_

Participant Award project or experience: \_\_\_\_\_ Amount: \_\_\_\_\_

**IF THIS FORM IS NOT FILLED OUT CORRECTLY IT WILL NOT BE PROCESSED**

College Dean Signature & Date: \_\_\_\_\_ Graduate School Signature & Date: \_\_\_\_\_