



THE UNIVERSITY OF TEXAS AT EL PASO
GRADUATE SCHOOL

Mike Loya Academic Services Building, Room 223
500 W. University Avenue, El Paso, Texas 79968
Website: <http://www.utep.edu/graduate/>
Phone: (915) 747-5491

VERIFICATION OF TA/RA/AI/PARTICIPANT AWARD
Waiver of Non-Resident Tuition Rate

Last Name: _____ First Name: _____ Middle Name: _____

E-mail: _____ Phone: _____ 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.

- Students must maintain full-time enrollment status each semester.
- 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 dependent of a TA/RA/AI/PAW, complete the following: (Proof of relationship must be attached).

Dependent Name: _____ UTEP ID: _____

Relationship to TA/RA/AI/PAW recipient: Spouse Dependent Child

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 an area related to his/her program of study for no less than 20 hrs/wk throughout the semester. Student meets academic requirements for the position and has English language proficiency as appropriate for the appointment.

Hours Enrolled: _____ Cost Center: _____ Actual Amount per Semester: _____

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: _____

PLEASE ENSURE THIS FORM IS CORRECTLY FILLED OUT

CAO or College Dean Signature & Date: _____

Graduate School Signature & Date: _____