**VERIFICATION OF TA/RA/AI/PARTICIPANT AWARD**

**Waiver of Non-Resident Tuition Rate**

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) Dependent 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: __/__/____

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**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.**

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**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: __________

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

College Dean Signature & Date: __________________________ Graduate School Signature & Date: __________________________

Document Last Revised: 02/16 For more information please contact the Graduate School at gradschool@utep.edu or at (915) 747.5491