



The University of Texas at El Paso
Office of Student Financial Aid
Peace Officer Exemption Program

Name _____
Job Title _____

Student ID # _____
Phone _____

1. What degree are you planning to pursue? _____
2. Explain how this relates to your present job or promote personal career enhancement.

3. Term: _____ 20____ (i.e.: Fall 2014)
4. Attach a letter from the Human Resource Manager of your place of employment to confirm employment in a law enforcement department.
5. This exemption program only covers courses in law enforcement or criminal justice degree programs, even if other courses are required for the degree or certification. This exemption is only for those in law enforcement related or criminal justice undergraduate certificate or degree programs.

I hereby agree to participate in only one tuition assistance waiver program in the term I am applying for. I understand that by accepting this waiver at UTEP, I authorize any funds received must first be used to meet obligations to the University. I also understand that false and misleading statements or failure to inform UTEP of any other outside resources will result in cancellation of the waiver. In addition, I have not previously attempted 30 or more semester credit hours beyond the degree plan at any Texas public institution of higher education while classified as a resident student. I acknowledge that if I receive another waiver while under the Peace Officer waiver, I will be held responsible for paying back all or part of the waiver.

Signature

Date

DO NOT WRITE BELOW THIS LINE ----- FOR OFFICE USE ONLY

Hrs. enrolled: _____ Amount: _____ Initials: _____

APPROVED

NOT APPROVED

OSFA Representative: _____ Date: _____



Supervisor's Comments

Carefully review and consider this request for tuition assistance.

All signatures must be present for consideration.

Immediate Supervisor

Does the degree/ course of study directly relate to significant and critical aspects of the employee's job or will it assist the employee in normal promotional progression?

YES

NO

| | | |
|--------------|--------------------|-------|
| _____ | _____ | _____ |
| Name (Print) | Signature and Date | Phone |

Department Director

Please indicate your assessment on the information provided by the employee and their supervisor:

Agree

Disagree

Additional Comments: _____

Signature

Date