

NONRESIDENT STUDENTS CLAIMING TUITION EXEMPTION

Teaching Assistants and Research Assistants who are employed at least half-time at Baylor College of Dentistry and whose job duties are related to teaching or research in an academic program associated with their field of study are entitled to register themselves, their spouse and their children in the employing Texas institution of higher education by paying the tuition and fees required of Texas residents (Rules and Regulations for Determining Residence Status, Title 3, Texas Education Code).

Employment must be for the entire semester in which the student is enrolled and actual paid work must commence on or before the official census date (9th class day of the quarter) for the student to be eligible for the exemption. Termination of the student's employment during the semester may result in revocation of the exemption and recalculation of tuition at the non-resident rate. [Exemption forms](#) must be submitted with the registration form for the first semester the student will be claiming the exemption and must be renewed annually.

In order for a student to qualify for this exemption, they must be enrolled in a graduate degree (MS or PhD) or an advanced education certificate (specialty) program. Additionally, one of the following job titles must be used on the *Request for Form 500*: Research Assistant or Teaching Assistant. *Requests for Form 500* should be completed accurately, showing the true percentage of time spent at this position and the total salary amount for the employment period. It should be noted that students in this country on an F1 or a J1 student visa can not work more than 20 hours per week, i.e., 50% FTE. If a student is working less than half-time, they do not qualify for this exemption.

Students enrolled in combined programs (MS / PhD in Biomedical Sciences and a clinical certificate program or an MS in Health Professions Education and a clinical certificate program) may apply for eligibility for this exemption only during the semester(s) when their employment responsibilities will not compromise the educational mission of the advanced clinical specialty education program (see CODA / ADA Standard 1, Institutional Commitment). The student's current degree plan must be on file in the Office of Research and Advanced Education.

Baylor College of Dentistry
Nonresident Tuition Exemption Request - MS or PhD Candidates Only

Teachers, Professors and Research Associates who are employed at least half-time on a regular monthly basis by Baylor College of Dentistry (BCD) are entitled to register themselves, their spouse and their children in a Texas institution of higher education by paying the tuition and fees required of Texas residents. Teaching Assistants and Research Assistants who are employed at least half-time at BCD and whose job duties are related to teaching or research in an academic program associated with their field of study are entitled to register themselves, their spouse and their children at BCD by paying the tuition and fees required of Texas residents. Employment must be for the entire semester in which the student is enrolled and actual paid work must commence on or before the official census date (9th class day of the quarter) for the student to be eligible for the exemption. Termination of the student's employment during the semester will result in revocation of the exemption and recalculation of tuition at the non-resident rate. Exemption forms must be submitted with the registration form for the first semester the student will be claiming the exemption and must be renewed annually.

TO BE COMPLETED BY THE STUDENT AND PARENT OR SPOUSE

What is your job title? _____

This request is for which academic year? _____ This request is for which semesters?
 Summer Fall Spring All

I certify that I qualify for an exemption from non-resident tuition based on the above conditions and the information provided by me is true and correct. I understand that exemptions are subject to audit and that I may be required to provide documentation to support this request. I also understand that if the exemption is subsequently denied because it is shown that I fail to qualify under the rules established by the Texas Legislature and BCD, I will be responsible for the immediate repayment of all tuition amounts waived by means of this request and all penalties as required by law:

Student's Name: _____

Social Security Number: _____ BCD ID Number: _____

Student's Signature: _____ Date: _____

If exemption is based on parent or spouse's employment:

Parent / Spouse Name: _____ Social Security No. _____

TO BE COMPLETED BY COLLEGE ADMINISTRATION

Name of employing department: _____

I certify that employment is being provided according to the conditions and information provided above and as described on Form 500:

Signature of Program Director _____ Date: _____

Signature of Program Director (if combined program): _____ Date: _____

Signature of Department Chair: _____ Date: _____