REQUEST FOR IN-STATE TUITION

Certification of Employment for Faculty Employee



PURPOSE: This form is used to qualify for Resident Tuition under Education Code, Title 3.

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- 1. Student completes Section One and emails form to Employment@tamucc.edu.
- 2. Human Resources verifies employment and signs Section Two.
- 3. Student provides form to Bursar's Office, and/or other appropriate office.

Name of Faculty Employed Request for in-state (resing Faculty Employed) TO BE COMPLETED BY THE STUDENT NAME (Last, First Midd) 1. I am requesting the folic Fall Spring	dent) tuition is for the feet Spouse of Facu	lty Employee	Child of Faculty I	Employee
Faculty Employed TO BE COMPLETED BY THE STUDENT NAME (Last, First Midd) 1. I am requesting the following the fo	Spouse of Facu	lty Employee	, and the second	Employee
TO BE COMPLETED BY THE STUDENT NAME (Last, First Midd) 1. I am requesting the following the followi	IE STUDENT	7 7	, and the second	Employee
STUDENT NAME (Last, First Midd	le)	UI	N OR BANNER ID	
1. I am requesting the fol		וטן	N OR BANNER ID	
•	lowing semesters for in			
Fall Sprin	U	-state tuition:		
	g Maymester	Summer 1	Summer 2	
Print Name SECTION TWO		Signature		Date
FACULTY EMPLOYEE INFO	PRMATION			
MPLOYEE NAME (Last, First Midd	lle)	UIN	1	
MPLOYEE'S TITLE		HC	DURS	
COLLEGE / DEPARTMENT		DA	DATE OF EMPLOYMENT	
HUMAN RESOURCES REF	PRESENTATIVE	I		