UTA Application for an Exemption through the Exemption Program for Children of Professional Nurse Faculty and Staff

Student Name (Last, First, Middle Initial)		
UTA ID		
1. Which term (fall/spring/summer) do you wish to use this exemption?	**Term**	
	Year	
2. To qualify for this exemption, the parent must be (a) employed at the beginning of the semester by the professional nursing program of this institution, or (b) under contract to be employed at some time during the term during which the exemption is requested by the professional nursing program.	**Parent's Name**	
	Parent's EID	
	Employed full time at the beginning of the term as a faculty or staff member? OR	
	Under contract to be employed as a faculty or staff member at some time during this term?	
3. What type of degree does parent hold?	**Master's or Doctoral Degree in Nursing?**	
	Baccalaureate Degree in Nursing?	
4. What is parent's title in the nursing program?	**Title**	
5. Has student previously received exemptions through this program?	**Yes or No**	
6. If yes, please list the terms/sessions and years		
7. Does student hold a baccalaureate degree?	**Yes or No**	
8. Is student currently classified as a resident by UTA for tuition purposes?	**Yes or No**	

Applicant's Certification Statement
I hereby certify that the information I have provided in this application is true and correct.

Parent Signature	
Parent Printed Name	
Date:	
Student Signature	
Student Printed Name	
Date	
Processed By	
Date	
Reviewed by	
Date	

Email this form to conhiwaivers@uta.edu. Contact 817-272-4786 with questions. REV 5/2026