UTA Application for Nursing Graduate Students Planning to Teach in Texas

Student Name (Last, First, Middle Initial)			
UTA ID			
Term First Apply for Waiver			
 Are you classified as a non-resident by UTA for tuition purposes? 		Yes	No
2. Do you hold a baccalaureate degree?		Yes	No
3. Which degree are you currently seeking?			
4. Are you currently a registered nurse?		Yes	No
5. Do you intend to teach in a program in Texas designed to prepare students for licensure as registered nurses?		Yes	No
Applicant's Certification Statement I hereby certify that the information I have provided in this application is true and correct.			
Student Signature			
Student Printed Name			
Date			
Processed By			
Date			
Reviewed By			
Date			

Email this form and any supporting documentation to conhiwaivers@uta.edu for processing.

^{***}Application <u>must</u> be submitted two weeks prior to payment due date.***