

Texas Firefighter Application for Tuition and Lab Fees Exemption

(This form is due by the 12th class day for Fall/Spring and 4th class day for Summer sessions.)

Semester (select one)	Fall 20	Spring 20	Summer 20				
Select enrolled session:	Regular	5Wk1	5Wk2	8Wk1	8Wk2	10Wk	Summer

Name: _____
Last
First
MI

Student ID (EMPL #) _____ Student Phone Number _____

City of _____ Fire Department

Important Note: To insure the exemption is paying correctly, the Sponsored Billing Area of Student Business Services must be contacted if a student makes any changes to their schedule. This includes adding, dropping, swapping, or withdrawing from classes.

Qualifying Criteria and Guidelines:

- 1) Must submit verification of current employment that includes the employee's position and title on Fire Department letterhead that is signed by a city official.
- 2) Must be an employed firefighter by a political subdivision of the state of Texas or volunteer firefighter, who meets one of the below criteria.
 - a) an Accredited Advanced level of certification under the State Firemen's and Fire Marshal's Assoc. of Texas volunteer certification program.
 - b) a Phase V(Firefighter II) certification under the Texas Commission on Fire Protection's voluntary certification program.
- 3) Must be a permanent, full time fire department employee who is not a secretary, stenographer, clerk, budget analyst, or similar support staff person or other administrative employee.
- 4) Must be a Texas resident and meeting SAP requirements.
<https://finaid.untdallas.edu/satisfactory-academic-progress>
- 5) The application and required proof of employment must be submitted each term (Fall, Spring and Summer) the student is seeking the exemption. **New documentation is required for each term.**

I hereby make application for exemption from the payment of tuition and lab fees as provided by the Texas Education Vernon Code 54.208. In connection with this application, I hereby certify that the information submitted is true and bonafide. If I am determined to be ineligible for this exemption, I understand that this exemption will be removed from my account and I will be responsible for any amount due. I authorize the University to assign any unpaid amount of tuition and fees or financial aid funds to a collection or credit reporting agency or agencies for the purpose of collecting the amount at the option of the University. I promise to pay all attorney's fees and other collection costs and charges necessary for the collection of any amount not paid when due.

_____ Date

_____ Student's Signature

Student Business Services use only:

SAP Met: Yes No N/A Incoming Student Processed by: _____ Date: _____