

## Staff/Faculty or Dependent Graduate Admission Application Fee Waiver

| TechID Numbe       | r:  |                               | Date of Birth:                    | Date of Birth://///// |  |
|--------------------|---|-------------------------------|-----------------------------------|-----------------------|--|
| Full Legal Name    | Last  | First                         | Middle                            |                       |  |
| Dependents, p      | lease enter the staff/faculty member's<br>the campus telephone number an  |                               |                                   |                       |  |
| Campus Mailing     | Address Mail Stop/Mailing Address   | City                          |                                   | 710.6                 |  |
|                    | Mail Stop/Mailing Address  —) Wo  |                               | State                             | ZIP Code              |  |
| vvork Fliolie (_   | Please check one of the items b   |                               |                                   |                       |  |
|                    | I certify that I am at least a half-time employee (staff or faculty) of one of the institutions of the Texas Tech University System.  |                               |                                   |                       |  |
|                    | TTU System Institution:   |                               |                                   |                       |  |
|                    | Department of Employment:   |                               |                                   |                       |  |
|                    | Job Title:  |                               |                                   | <del></del>           |  |
|                    | I certify that I am a spouse of someone one of the institutions of the Texas Te   |                               | in a staff or faculty position at |                       |  |
|                    | I certify that I am a dependent under the age of 25 of someone employed at least half-time in a staff or faculty position at one of the institutions of the Texas Tech University System. |                               |                                   |                       |  |
|                    | Name of Employee:   |                               |                                   |                       |  |
|                    | TTU System Institution:   |                               |                                   |                       |  |
|                    | Department of Employment:   |                               |                                   |                       |  |
|                    | Employee's Job Title:   |                               |                                   |                       |  |
| for rejection of I | e information I have provided is complete<br>my application, withdrawal of any offer o<br>Office of Graduate & International Admi   | of acceptance, cancellation o | of enrollment and/or appropria    |                       |  |
| Legal Si           | gnature (unsigned form will delay proc  | essing) Dat                   | e                                 |                       |  |

Texas Tech University Office of Graduate Admissions

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