



Staff/Faculty or Dependent/Spouse Application Fee Waiver

Fill, print, sign and return to Undergraduate Admissions:
West Hall Room 129 | Box 45005, Lubbock, TX 79409-5005 | Fax: (806) 742-0062

I certify that I am a full-time TTU or TTU-HSC staff or faculty member.

Staff/Faculty R# or Social Security Number _____

Staff/Faculty Name _____

Department of Employment _____

E-mail Address _____

If waiver is for Staff/Faculty member, list Term of Application _____

If waiver is for a dependent or spouse, please check one item below and provide the additional information.

I certify that I am a dependent under age 25 of a full-time TTU or TTU-HSC staff or faculty member.

Dependent R# or Social Security Number _____

Dependent Name _____

Dependent Term of Application _____

I certify that I am a spouse of a full-time TTU or TTU-HSC staff or faculty member.

Spouse R# or Social Security Number _____

Spouse Name _____

Spouse Term of Application _____

I certify that the above information is correct and understand that falsification of any of the above information will void my admission.

Signature of Staff/Faculty or Dependent/Spouse

(unsigned form will delay processing)

Date