



Name \_\_\_\_\_

**Nonresident Postgraduate Nursing Waiver**

Student ID \_\_\_\_\_

**YEAR:** \_\_\_\_\_

This waiver is designed to provide nonresident tuition assistance for registered nurses enrolled in graduate nursing programs offered by public institutions in Texas. Eligible students must meet all of the following criteria to be eligible for this waiver.

- The student must be Registered Nurse
- The student must be authorized to practice professional nursing in Texas
- The student must be enrolled in a program designed to lead a master's degree or other higher degree in nursing
- The student must intend to teach in a program in Texas designed to prepare students for licensure as registered nurses

**NOTE: The following is to be signed with a Notary**

I \_\_\_\_\_, intend to teach in the State of Texas, nursing courses that will  
Student's Name

prepare students for licensure as registered nurses.

I certify that the above information is true and accurate.

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_

\_\_\_\_\_  
Signature Date

Notary Public's Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**\* You must send the original form with the Notary stamp and signature on the form. We do not take faxed or emailed copies of this form. Send forms to Financial Aid, PO Box 10042, Beaumont, TX 77710. \***