

Exemption for Firefighters Taking Fire Science Courses

Student First Name: _____ Student Last Name: _____ ID: _____

DOB: ____/____/____ Primary Phone #: (____) _____ - _____ Secondary Phone #: (____) _____ - _____

Applications will not be accepted until:

Fall Semester – Aug. 5

Spring Semester – Dec. 15

Summer (Module I & II) - April 1

Summer (I & II) – May 15

Semester applying for exemption: Fall Spring Summer Year _____

By submission of this application I hereby request an exemption for the cost of tuition and laboratory fees for courses offered as part of a Fire Science Curriculum.

I understand that

- I must apply for the exemption at least one week before the last day of the institution's regular registration period for that semester.
- I must be employed as a paid firefighter by a political subdivision of the State of Texas or active members of volunteer fire departments who hold an accredited advanced certification (or the equivalent), under the State Firemen's and Fire Marshal's Association of Texas volunteer certification program, OR a Phase V (Firefighter II) certification (or the equivalent) under the Texas Commission of Fire Protection's voluntary certification program under Section 419.071, Govt Code.
- I must provide the Financial Aid office with proof of employment as a currently paid firefighter on letterhead dated within 30 days of application (required each semester in which the exemption will be used).
- I must enroll in courses offered as part of a Fire Science Curriculum* and for which the college receives tax support (i.e., a course that does not depend solely on student tuition and fees to cover its costs). *Master of Public Administration/Master of Physician Assistant Studies
- I must submit a completed Exemption for Firefighters Taking Fire Science Courses application each semester.
- I must be in compliance with the institution's financial aid satisfactory academic progress requirements.
- The Fire Fighter Exemption will only cover tuition and laboratory fees for classes required for the completion of my degree in Public Administration/Physician Assistant Studies. I also understand that I am responsible for all other charges.

SIGN THIS STATEMENT

I agree to all the terms and conditions of the "Firefighters Exemption", and I certify that I am eligible to receive the benefits of the waiver.

Student Signature

____/____/____
Date:

Please submit to either of the following UTRGV locations:

<p>The Tower, Main 1.100 One West University Blvd. Brownsville, Texas 78520 Ph: (888) 882-4026 Fax: (956) 882-8229</p>	<p>Visitors Center 1.113 1201 West University Drive Edinburg, Texas 78539 Ph: (888) 882-4026 Fax: (956) 665-2392</p>
---	---