

UT Arlington
Application for an Exemption through the
Exemption Program for Children of Professional Nurse Faculty and Staff

To apply for an exemption through this program, complete the following application and submit it to your institution's School of Nursing dean's office.

Student Name: _____ UTA ID: _____
 (Last, First, Middle Initial)

1. Term in which you wish to use the exemption: _____ / _____
 Fall, Spring, or Summer / Year

2. To qualify for this exemption, the parent must be (1) employed at the beginning of the semester by the professional nursing program of this institution; or (2) under contract to be employed at some time during the term the exemption is requested by the professional nursing program.

a. Name of parent: _____ EID: _____
 (EID available on earning statement)

b. Which employment situation applies:

- i. employed at the beginning of the term as a faculty or staff member of the professional nursing program; or
- ii. under contract to be employed as a faculty or staff member at some time during this term

3. What type of degree does parent hold?

- Master's or doctoral degree in nursing
- Baccalaureate degree in nursing

4. What is the title of parent's position in the nursing program? _____

5. Has student previously received exemption through this program? Yes No

If yes, please list the terms/sessions and years:

Term/Session	Year	Term/Session	Year

6. Does student hold a baccalaureate (bachelor's) degree? Yes No

7. Is student currently classified as a resident by this institution? Yes No

Applicant's Certification Statement

I hereby certify that the information I have provided in this application is true and correct.

 Parent Signature Printed Name Date

 Student Signature Printed Name Date

Dean's Approval: _____ **Date:** _____