Request for Exemption
Firefighters Taking BAAS
in Emergency Services Administration

(This form is due by the first day of class for the semester you are requesting a tuition waiver.)

Student's Name: _____ Student's ID Number: _____

Phone #: _____ Email: _____

Select Semester: ☐Fall 20 _____ ☐Spring 20 _____ ☐Summer 20 _____

Fire Department's Information:
Full name of Fire Department:

_____

City: _____ State: _____ Phone Number: _____

To be Completed by Fire Department's Chief, Assistant Chief, or Battalion Chief
I certify that the above referenced student meets one of the conditions below (please check appropriate box) and should be granted an exemption for tuition and laboratory fees for fire science courses as outlined in the Texas Education Code 54.353.

▪Employed as a paid fire fighter by a political subdivision of the State of Texas
OR

▪Active member of volunteer fire department who holds 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.

Print Name: _____ Title: _____

Phone Number: _____ Email (optional): _____

Signature: _____ Date: _____

To be Completed by the Student:
I understand that:

▪It is my responsibility to inform the UNT Student Financial Services if my status as a Firefighter changes.

▪To receive continuation awards, I must meet the institution's financial aid academic progress requirements. For more information on satisfactory academic progress (SAP) refer to:

https://finaid.untdallas.edu/satisfactory-academic-progress

▪Although this form is valid for one semester, UNT Student Financial Services is required to review my grades once they have been posted to evaluate my SAP and process a continuation award.

OR

▪I am not registered with Selective Service due to the following exemption (please specify):
_____

Student's Signature
By signing this form, I certify that all the information is complete and correct. I understand that I may be asked to provide additional information during the review of this form.

Student's Signature: _____ Date: _____

For UNT Student Financial Services use only:

SAP Met: Yes ❑   No ❑   N/A Incoming Student❑   Processed by: _____Date: _____