

# Petition to Waive Charges for Exceeding 30/45 SCH above the Degree Requirements

Under Section 54.014 of the Texas Education Code, "An institution of higher education may charge a resident undergraduate student tuition at a higher rate than the rate charged to other resident undergraduate students, not to exceed the rate charged to nonresident undergraduate students, if before the semester or other academic session begins the student has previously attempted a number of semester credit hours for courses taken at any institution of higher education while classified as a resident student for tuition purposes that exceeds by at least 30 hours the number of semester credit hours required for completion of the degree program in which the student is enrolled." The law allows institutions to adopt a policy that exempts students from the payment of that higher rate solely as a result of hardship as determined by the institution. Thus, students who have reached the excess 30/45-credit limitation due to extenuating circumstances beyond their control that prevented the successful completion of the degree may petition to have the additional charges waived. Documented circumstances must have *directly affected the student, been severe, ongoing*, and fall within at least one of the following categories:

- A. Acute Medical: A severe illness or other debilitating condition that affected academic performance
- B. Disability: An identified disability (e.g. mental health, physical, cognitive, etc.) requiring accommodations or auxiliary aids that affected academic performance (to be verified through Student Disability Services)
- C. Other extraordinary circumstances or hardships that have impacted your ability to meet academic requirements

The following documentation must accompany the petition: (1) brief letter explaining the circumstances, (2) official documentation of severe, on-going circumstances or verification of a disability per Student Disability Services (3) official DegreeWorks plan showing courses remaining for the degree mapped out for graduation, and (4) unofficial transcript from ASAP showing grades for all courses attempted. Write clearly and legibly. Approved petitions take effect on the date signed and remain in effect from that date forward. *Students will not be reimbursed for past semesters' tuition. Incomplete petition packets will not be considered.*

**COMPLETED BY STUDENT:**

Name of Student \_\_\_\_\_ myUTSA ID \_\_\_\_\_  
Last Name                      First Name                      Middle Initial

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current major: \_\_\_\_\_

I request that the University waive the higher rate of tuition for excess hours. My statement and supporting documentation justifying this petition are attached. I understand the following:

1. \_\_\_\_\_ (Initial) My documented, extenuating circumstances fall in the following category(ies):  
 A. Acute Medical                       B. Disability                       C. Other Extraordinary Circumstance/Hardship
2. \_\_\_\_\_ (Initial) This petition is intended to allow me to complete my Bachelor's degree without being charged the higher tuition rate. It does not extend to the completion of a double major, minor, concentration, or post-graduate pre-requisites.
3. \_\_\_\_\_ (Initial) If I choose to increase my attempted hours, I will be charged the higher tuition rate for those courses as well as any and all additional fees.
4. \_\_\_\_\_ (Initial) My petition is subject to any and all university policies not listed here.

EFFECTIVE BEGINNING: FALL      SPRING      SUMMER 20\_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
**COMPLETED BY ACADEMIC ADVISOR:** Approved ONLY for SCH remaining for the degree (including WIP) \_\_\_\_\_

Advisor's Printed Name \_\_\_\_\_ Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
**STUDENT IS REGISTERED WITH STUDENT DISABILITY SERVICES.**                      YES                      NO

Student Disability Services Printed Name \_\_\_\_\_ (Required only for Category B) SDS Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Approved                       Disapproved.                       May re-petition with additional documentation.

Signature of Dean of University College or Associate Vice Provost \_\_\_\_\_ Date \_\_\_\_\_

Distribution:  Student  Advisor  University College  AVPFA

\*\*\*July 2016\*\*\*

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