



# Galveston College

Admissions Office Use Only

Date Entered: \_\_\_\_\_

By: \_\_\_\_\_

Code: WNURP

## Exemption for Clinical Preceptors and Their Children

### ELIGIBILITY REQUIREMENTS

- Student must be classified as a Texas resident.
- Preceptor must be a registered nurse who serves at least one day a week as a clinical preceptor.
- Preceptor must serve as a clinical preceptor during the term the exemption is requested – or – preceptorship must have ended less than 1 year ago.
- **Students must meet GPA limit Satisfactory Academic Progress (SAP) requirements in accordance with Galveston College Financial Aid policy to be eligible for this award. *Students may appeal if denied this award due to SAP requirements – see Financial Aid for details.***
- **Students may not take a number of hours considered excessive under Texas Education Code 54.014. All official transcripts must be on file before eligibility can be determined.**

### AWARD AMOUNT

- Preceptor: \$500 or tuition (whichever is less); Child of Preceptor: \$500 or tuition (whichever is less) for up to 10 semesters.

### INSTRUCTIONS

- Complete and return this form to the Admissions Office.
- Student must verify Texas Residency with the Admissions Office.
- **Student must complete the Preceptor Exemption Form and obtain a letter from the Nursing department where the preceptorship is occurring. The exemption form and letter must accompany this form.**

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I have a Bachelor or higher-level degree       I have attended a Texas private or an out-of-state institution

I am seeking an exemption of tuition and applicable fees under Texas Education Code 54.356 – Preceptors for Professional Nursing Education Programs. I understand that I must make Satisfactory Academic Progress, as defined by Galveston College Financial Aid policy, to continue to receive this award. I am eligible under the conditions in Texas Education Code 54.356 to receive this award and certify all the information provided on this form is accurate and true.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### \*\*\*STAFF USE ONLY\*\*\*

- All transcripts on file
- Student is eligible for exemption/waiver
- Student is not eligible for exemption/waiver due to:     GPA     Excessive Hours under TEC 54.367

\_\_\_\_\_  
Director of Admissions/Registrar

\_\_\_\_\_  
Date

# Application for an Exemption through the Exemption Program for Clinical Preceptors and their Children

<p><b>Name</b> (Last, First, Middle initial)</p> <p>_____</p> <p><b>Social Security Number</b></p> <p>_____</p> <p><b>Exemption Term</b> (must run concurrently with the employment as a preceptor, or start within 1 year of the end of the period of such employment)</p> <p>_____ / _____</p> <p>fall, spring, or summer                      year</p>	<p><b>Which condition applies to you?</b></p> <p><input type="checkbox"/> clinical preceptor</p> <p><input type="checkbox"/> child of clinical preceptor</p> <p><i>If you are the child of a preceptor, provide the following information:</i></p> <p><b>Preceptor's Name</b></p> <p>_____</p> <p><b>Preceptor's SSN</b></p> <p>_____</p>
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*Provide the following information regarding the agreement under which the preceptor will be/is employed:*

**Name of educational institution**

\_\_\_\_\_

**Name of affiliating agency**

\_\_\_\_\_

*Attach a copy of the agreement to this application before submitting the application to your institution.*

*If you have previously received an exemption through this program, please list the terms and years below:*

Term	Year	Term	Year

**Do you hold a baccalaureate (bachelor's) degree?** [ ] Yes [ ] No

**Are you currently classified as a resident by this institution?** [ ] Yes [ ] No

**NOTE:** An award recipient must have a statement on file with the institution indicating he or she is registered with the selective service system as required by federal law or is exempt from selective service registration under federal law.

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

\_\_\_\_\_

Signature                                      Printed Name                                      Date