

APPLICATION FOR FACULTY & STAFF TUITION/FEE WAIVER

APPLICANT'S NAME BANNER ID EMPLOYEE TYPE
 DEPARTMENT/UNIT PHONE EXT
 SUPERVISOR'S NAME CHAIR/DEPT HEAD
 DEGREE SOUGHT FIELD OF STUDY
 SEMESTER / SESSION

IMPORTANT INFORMATION ABOUT APPLICATION DEADLINES

Due to the time frame required for processing, tuition waiver applications received after the deadline **WILL NOT** be accepted.

"Each UNC School might have different tuition waiver deadlines. It is the student's responsibility to abide by the employing institution, and the course(s) offering institution, deadlines."

COURSE 1

INSTITUTION OFFERING THE COURSE
 CRN CREDIT HOURS COURSE TITLE
 COURSE DAYS MON TUE WED THU FRI SAT SUN TIME
 COURSE LEVEL Undergraduate Graduate IS THIS AN ONLINE COURSE YES NO

COURSE 2

INSTITUTION OFFERING THE COURSE
 CRN CREDIT HOURS COURSE TITLE
 COURSE DAYS MON TUE WED THU FRI SAT SUN TIME
 COURSE LEVEL Undergraduate Graduate IS THIS AN ONLINE COURSE YES NO

COURSE 3

INSTITUTION OFFERING THE COURSE
 CRN CREDIT HOURS COURSE TITLE
 COURSE DAYS MON TUE WED THU FRI SAT SUN TIME
 COURSE LEVEL Undergraduate Graduate IS THIS AN ONLINE COURSE YES NO

SIGNATURES

APPLICANT: I am requesting waiver of tuition/fees and hereby certify that I have completed this application fully and accurately. I understand a revised form must be submitted if changes are made to the original form. I understand that I may register for a class during normal business hours provided the course is not offered after business hours. I understand that tuition waivers are used for credit courses only and cannot be used for non-credit courses and/or to pursue licensures or certifications.

Employee's Signature

Date

SUPERVISOR & CHAIR/DEPT. HEAD: I certify that the above-named applicant has met all requirements to enroll in this course using tuition waiver and will not interfere in his/her obligations as a permanent full-time employee.

TIME OFF FROM WORK: If the employee's course(s) will be taken during their normal work hours, describe how the missed work time will be accounted for (e.g., comp time, lunch hour, make up time, leave without pay, etc.)

Missed work time will be accounted for by: _____ Supervisor's Initials: _____

Supervisor's Signature

Date

Chair/Dept. Head's Signature

Date

**** IF THE SUPERVISOR IS ALSO THE CHAIR/DEPT. HEAD, PLEASE HAVE THEM SIGN IN BOTH LOCATIONS. ****

OFFICIAL USE ONLY:

HUMAN RESOURCES: I certify that the above-named applicant has met all eligibility requirements to use the Tuition Waiver Program.

HR Official's Signature

Date

THIRD PARTY BILLING: I certify above-named applicant's waiver has been received and processed through Student Accounts.

Third Party Billing's Signature

Date