



THE UNIVERSITY OF NORTH CAROLINA GENERAL ADMINISTRATION

TUITION WAIVER APPLICATION

EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ MI: _____ EPA OR SPA

Department: _____ Work Phone: _____ Work Email: _____

COURSE INFORMATION

Completing this form WILL NOT enroll you in a course. Contact the Registrar's office at the enrolling institution for information about the course registration process

Institution offering course you wish to take tuition free: _____

Semester in which course will be offered: _____ Level of course (undergrad, grad, special, etc.) _____

Course ID/Number: _____ Course Title: _____ Credit Hours: _____

Class Meeting Days: _____ Class Meeting Time: _____

CERTIFICATIONS AND APPROVALS

Employee Certification

I am a full time permanent employee (30 hours or more per week), and I have read, understand and will comply with the terms of the Tuition Waiver program.

Signature: _____ Date: _____

Department Approval

This employee's enrollment in the requested course will not adversely affect his or her normal employment obligations. If this employee's regular work schedule has been adjusted to accommodate course attendance, I have determined that the department operations will not be affected adversely by such alteration in schedule.

Signature: _____ Title: _____ Date: _____

Enrolling Institution Approval

The above-name applicant is academically eligible to enroll in the course listed above. There is space is available for the applicant to enroll in the above named course tuition-free.

Signature: _____ Title: _____ Date: _____

Human Resources Approval

Eligible Ineligible 1st Waiver of Academic Year 2nd Waiver of Academic Year

Signature: _____ Title: _____ Date: _____