

APPLICATION FOR FACULTY / STAFF TUITION WAIVER  
THE UNIVERSITY OF NORTH CAROLINA

1. Full name of applicant:

\_\_\_\_\_

2. Employing Institution:

\_\_\_\_\_

3. Faculty/Staff Rank and/or Title:

\_\_\_\_\_

4. Months (by name) of calendar year in which University employment services are rendered:

\_\_\_\_\_

5. Institution offering the course you wish to take tuition-free:

\_\_\_\_\_

6. Semester(s) in which course will be offered:

\_\_\_\_\_

7. Title of Course: \_\_\_\_\_

8. Course Number: \_\_\_\_\_

9. Credit Hours of course to be earned: \_\_\_\_\_

10. Contact Hours of course: \_\_\_\_\_

11. Level of Course: (grad., undergrad., special, etc.): \_\_\_\_\_

12. Is there any course at a public educational institution that you intend to take, whether for credit or not, during the same semester as that during which you wish to take the course identified in item #7? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, set forth on the back of this application the name of the institution offering the course and the particulars therefore identified in items #7, 8, 9, 10, and 11.

**APPLICANT:**

I hereby certify that I have completed this application fully and accurately to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR THE EMPLOYING INSTITUTION:**

Enrollment tuition-free in the course identified in items #6, 7 and 8 will not interfere or conflict with the satisfactory performance of normal employment obligations by the above-named applicant.

**Signature of Immediate Supervisor/Department Head:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPROVAL GRANTED:**

**Signature of Chief Academic Officer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR THE ENROLLING INSTITUTION:**

The above-named applicant has been found academically eligible to enroll in the course identified in items #6, 7 and 8. There is space available for the above-named applicant to enroll tuition-free in the course identified in items #6, 7 and 8.

**Signature of Instructor of Course:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of NCSA Registrar (if enrolled in NCSA course):** \_\_\_\_\_

**Date:** \_\_\_\_\_