

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

1. Full Name of applicant: _____
2. Employing institution: _____
3. Faculty rank and/or title: _____
4. Department: _____
5. Campus Address: _____
6. Campus Telephone: _____
7. Months (by name) of calendar year in which University employment services are rendered: _____
8. Institution offering the course you wish to take tuition-free: _____
9. Semester(s) in which course will be offered: _____
10. Title of course: _____
11. Course number: _____
12. Credit hours of course to be earned: _____
13. Contact hours of course: _____
14. Level of course (grad., undergrad., special, etc.): _____
15. Is there any course at a public or private educational institution that you intend to take, Whether for credit or not, during the same semester during which you wish to take the course identified in Item #10? Yes _____ No _____ If "yes", set forth on the back of this application the name of the institution offering the course and the particulars thereof identified in Items #10, 11, 12, 13, and 14.

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 #10, 11, and 12 will not interfere with or conflict with the satisfactory performance of normal employment obligations by the above-named applicant.

Signature _____ Date _____
Title _____

**FOR THE ENROLLING INSTITUTION: The above-named applicant has been found academically eligible to enroll in the course identified at Items #10, 11, and 12. There is space available for the above-named applicant to enroll tuition-free in the course identified in items #10, 11, and 12.

Signature _____ Date _____
Title _____

Human Resource Approval

Signature _____ Date _____

*Signed by the department head or deputy
**Do not complete this item for a UNC-CH course