



NC Central
UNIVERSITY

TUITION WAIVER APPLICATION FOR FACULTY/STAFF

Office of Human Resources – Training and Professional Development

Scan Authorized Form (Employee and Supervisor's signatures are required), and Forward Via Email to benefits@northcarolina.edu

Or, call 919-445-1352

For Course at **North Carolina Central University**

For Course at **UNC System School:** Select One

EMPLOYEE INFORMATION AND CERTIFICATION

EMPLOYEE: _____ 82 _____
Name Last, First, MI Banner ID# SSN# (Last Four Digits Only)

DEPARTMENT: _____ (919) 530-_____
Name NCCU Campus Email Campus Telephone

COURSE REGISTRATION

- Completing this form **WILL NOT** enroll you in a course.
- Contact the Registrar's office at the appropriate school for information about the course registration process.

CERTIFICATION: In order to participate in the Tuition Waiver program, I understand that I must be admitted to the appropriate University academic program, that I must be academically eligible for admission to the course, that I must be a permanent employee scheduled for 30 hours or more per week (3/4 time) that there is space available for enrollment in that course, and that the tuition for this course is covered by the Tuition Waiver policy. I have read, understand, and will comply with the terms and conditions of the Tuition Waiver program, and I understand my application will not be approved if my application is received after the last day to add/drop courses for the term. I understand that this program will waive tuition for no more than three (3) courses per academic year and will waive all student fees for the term as specified in the policy. I understand that I will be responsible for the full tuition cost of any additional course(s). I understand that I must apply for this benefit each term. Further, if there are any tax consequences resulting from this tuition waiver, I understand the amount of the benefit will be reported as taxable and that the University may withhold taxes from my pay. I understand that my attendance at lectures, meetings, or other activities associated with the course below will be, in fact, voluntary on my part and that no such attendance is or will be required by my supervisor or the University. I hereby certify that I have completed this application fully and accurately to the best of my knowledge.

➤ Employee Signature: _____ Date: _____

NOTE: Employees in ROTC programs (including civilian employees) must also attach a copy of their orders.

COURSE INFORMATION

TERM	<input type="checkbox"/> Fall 20____	<input type="checkbox"/> Spring 20____	<input type="checkbox"/> Summer (I) 20____	<input type="checkbox"/> Summer (II) 20____
TYPE	Select One		If Applicable:	Start Date: _____ End Date: _____
COURSE	COURSE ID	COURSE TITLE		CREDIT HRS.
1.				
2.				
3.				

DEPARTMENT CERTIFICATION

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 taking this course, I have determined that this department's operations will not be affected adversely by such alteration in schedule. Moreover, I will approve other such requests for Tuition Waiver for employees similarly situated, without regard to race, color, religion, sex, sexual orientation, national origin, disability, age, or Vietnam Era Veteran status as provided by Federal and/or State law and by University policy.

➤ Supervisor's Signature: _____ Title: _____ Date: _____

HUMAN RESOURCES OFFICE VERIFICATION	
<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> INELIGIBLE
<input type="checkbox"/> SHRA	<input type="checkbox"/> EHRA
<input type="checkbox"/> ROTC	<input type="checkbox"/> FULL-TIME
<input type="checkbox"/> PART-TIME	
VERIFIERS SIGNATURE: _____	
TITLE: _____	DATE: _____

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