



ELIZABETH CITY STATE UNIVERSITY

Tuition Waiver Application for Faculty and Staff

This form is for use by ECSU employees only. Employees of other UNC institutions enrolling at ECSU should forward the completed and approved form of their employing institution.

Name: _____ Student ID at Enrolling Institution: _____

Department: _____ Banner ID#: _____

Position Title/Rank: _____ Campus Phone: _____

COURSE INFORMATION

Enrolled at ECSU → (due in ECSU Student Accounts no later than 5th school day)

Enrolled at other UNC Campus, specify _____

A separate Tuition Waiver form should be completed if enrolling at more than one campus.

Undergraduate Graduate

Semester: Fall Spring Summer Year: _____

Course ID	Section	CRN	Course Title	Credit Hrs	Days	Time
1) _____	_____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____	_____

This is my: 1st Waiver 2nd Waiver 3rd Waiver of the Academic Year.

Educational Leave Requested: YES NO

If yes, specify days (circle) M T W T F, times _____ and # of hours per week _____.

- 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.

CERTIFICATIONS

EMPLOYEE: I hereby certify that I have read, understand, and will comply with the terms and conditions of Policy 200.1.5 and related Tuition Waiver procedures and have completed this application fully and accurately to the best of my knowledge. I understand that withdrawal from a tuition waived course(s) counts towards the waivers allotted per academic year. I further understand that there may be tax consequences resulting from this tuition waiver, and that the amount of the benefit may be reported as taxable and the university may withhold taxes from my pay.

Employee Signature: _____ Date: _____

SUPERVISOR: 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.

Signature/Title of Immediate Supervisor: _____ Date: _____

(Enrolling Campus) REGISTRAR: This employee has been found academically eligible to enroll in the course(s) identified above. There is space available for the employee to enroll tuition-free in the course(s) identified above.

Registrar Signature: _____ Date: _____

HUMAN RESOURCES VERIFICATION:

Waiver Limit Exhausted

Eligible Ineligible | SHRA EHRA ROTC | Permanent Temp

Signature/Title: _____

Date: _____

STUDENTS ACCOUNTS USE ONLY:

Division of Human Resources

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