



REQUEST FOR WAIVER OF STUDENT FEES

For full-time, permanent employees of the University of North Carolina system, including the Office of the President and the 16 campuses, UNC Health Care System employees, for the spouses of full-time permanent employees at UNC Chapel Hill or UNC Health Care System and for students on military or civilian orders from the ROTC.

Definition of eligible employees:

Employee shall mean an individual who is either a faculty member or a staff employee, employed by an Employing Institution, who is eligible for participation in either the NC Teachers' and State Employees' Retirement System or the UNC Optional Retirement Program.

STUDENT INFORMATION

First Name:	Last Name:	PID:	Term:
Street Address:		Email:	
City:	State:	Zip Code:	Phone Number:
UNC System SHRA Employee	UNC System EHRA Employee	UNC-Chapel Hill Employee Spouse	Employee or Employee Spouse of the UNC Health Care System Chapel Hill Location Only
UNC System Employer:			
FOR EMPLOYEE ONLY: I am a full-time, permanent employee of the University of North Carolina system, including the Office of the President and the 16 campuses or a permanent employee of UNC Health Care. Full-time is defined as working 30 or more hours per week or working at least 75 percent time. A "permanent" employee receives benefits (e.g., annual leave, retirement, etc.). <i>Temporary and student employment are not permanent employment positions.</i>			
Department:	Supervisor's Name:	Supervisor's Phone:	
FOR SPOUSE: I am the spouse of a full-time, permanent employee of The University of North Carolina at Chapel Hill or of UNC Health Care working 30 or more hours per week. A "permanent" employee receives benefits (e.g., annual leave, retirement, etc.). <i>Temporary and student employment are not permanent employment positions.</i>			
Employee's Name:	Employee's PID:	Employee's Phone:	
Employee's Department:	Employee's Supervisor:	Date of Your Marriage:	
I understand that with the waiving my student fees, I also forfeit the privileges provided by these fees (i.e., Student Health Service, Athletic Pass, Gym Privileges, etc.). I hereby certify that the above information is true. Signature: _____ Date: _____ *Employee must get department certification and HR verification prior to submitting form online. Forms will only be accepted through the Submit Form portal. A confirmation of submission email is sent to you from that portal submission.			<u>Cashier's Office Use Only:</u> Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____

DEPARTMENT CERTIFICATION

The above listed employee is a current full-time permanent employee or is a spouse of a full-time permanent employee of The University of North Carolina at Chapel Hill.

Supervisor's Signature:

Title:

Date:

HUMAN RESOURCES VERIFICATION

☐ Eligible

☐ Not Eligible

☐ Permanent Full-Time

☐ Part-Time/Temporary

Verifier's Signature:

Title:

Date:

4/6/2021 Complete a separate form for each semester or session and submit online. This form is not needed if also submitting a tuition waiver.

IMPORTANT: If an employee does not continue in an eligible employment status for the entire semester during which the waiver is taken, the full amount of fees for that semester will then be charged to the student's account.