

The University of North Carolina at Pembroke

Director of New Student and Family Orientation

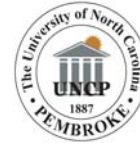
Office for Enrollment Management

P.O. Box 1510

Pembroke, North Carolina 28372

Ph. (800) 949-UNCP/(910) 521-6264

Fax (910) 775-4158



TUITION WAIVER REQUEST FORM

For Teachers Employed In The Public Schools Of North Carolina

This application is provided for teachers employed by the state of North Carolina on a full-time basis who wish to request tuition waiver for courses related to teacher certification or professional development as a teacher as defined by G.S. 116-143.5. This waiver negates the twelve-month waiting period for those teachers who otherwise qualify as a resident of North Carolina. A statement from the principal of the applicant's school must accompany this application verifying the following:

1. The applicant is a full-time employee of the principal's public school, such that the applicant qualifies for membership in the Teachers' and State Employees' Retirement System (TSERS), or would so qualify if employed on a permanent basis.
2. The applicant is paid on the North Carolina teacher salary schedule.
3. Each course (which must be named by the principal in the declaration) is relevant to the applicant's teacher certification or to professional development as a teacher.

DIRECTIONS:

1. Respond to all questions completely.
 2. Print or type all responses.
 3. Be completely accurate to the best of your knowledge and understanding. Knowingly falsifying information may subject you to disciplinary action including dismissal from the institution. When "date" is requested give day, month and year.
 4. Sign and date this application where indicated.
 5. **Complete the Residence-and-Tuition Application (available on the web at www.uncp.edu/admissions/undergraduate/residency/default.asp.)**
 6. Attach Declaration form from Principal (described above).
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1. Name: _____

2. Permanent Address: _____

3. Current Mailing Address: _____

4. (a) Phone Number: _____

(b) Email Address: _____

5. Enrollment Information:

a. Term of Enrollment: Fall, 20____ Spring, 20____
 Summer I, 20____ Summer II, 20____

b. Level of Enrollment: Undergraduate Graduate

6. Below please list courses for which tuition waiver is sought:

Course #	Full Course Title	Scheduled Day(s)	Time

Signature: _____ Date: _____

Return completed application and Declaration from Principal to the following:

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