

**THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE
FACULTY /STAFF TUITION WAIVER**

This form is not a substitute for admission to the University or for registration in a course.

1. Full Name of Applicant: _____ UNCP Banner I.D.: _____

2. Employing Institution: _____

3. Current Position: _____ Dept.: _____

4. Institution offering Tuition-Waived Course: _____

5. Semester Course will be offered: Fall; Spring; Summer I; Summer II; Year: _____
(Institution must be in the UNC system)

6. Title of Course 1: _____

Title of Course 2: _____

Title of Course 3: _____

7. Dept/Course No. _____ Section No. _____ Cr. Hrs. _____ Contact Hrs. _____

Dept/Course No. _____ Section No. _____ Cr. Hrs. _____ Contact Hrs. _____

Dept/Course No. _____ Section No. _____ Cr. Hrs. _____ Contact Hrs. _____

8. Day(s) Attending Course 1: _____ Time: _____

Day(s) Attending Course 2: _____ Time: _____

Day(s) Attending Course 3: _____ Time: _____

9. Level of Course(s): Graduate Undergraduate

10. Course(s) to be taken for: Credit Non-Credit

11. Do you intend to take any additional credit/non-credit course(s) at an educational institution during the same semester in which you will be enrolled in the course in Item 6? No Yes
If "Yes", please identify all additional courses including the name of the institution offering the course and the same information requested in items 6 through 10 above. (attach additional page if necessary)

The Applicant's and Direct Supervisor's signature below certifies enrollment in the course will not interfere with the satisfactory performance of the faculty or staff member's normal employment obligations. If one course is taken during normal working hours, a written plan describing how the missed work time will be made up has been documented.

12. _____
Applicant Signature Date

13. _____
Supervisor Signature Date

14. _____
Department Head Signature Date

15. _____
Vice Chancellor Signature Date

16. _____
Human Resources Signature Date