

## NORTH CAROLINA STATE UNIVERSITY APPLICATION FOR FACULTY/STAFF TUITION WAIVER

THIS FORM IS FOR USE BY NC STATE UNIVERSITY EMPLOYEES ONLY: Those employed at another institution, but attending NC State University, should forward the completed and approved form of their employing institution.

Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Employee ID:	<input type="text"/>	Student ID #:	<input type="text"/>
	(Last)	(First)	(MI)				
Department:	<input type="text"/>			Campus Box:	<input type="text"/>	Campus Phone #:	<input type="text"/>
Position, Title or Rank	<input type="text"/>						

<input type="checkbox"/> Course(s) will be taken at NC State University <input type="checkbox"/> Course(s) will be taken at other UNC System School * See note below <input type="text"/>	<b>Term:</b> Fall 20 ____ Spring 20 ____ Select one Summer I, 20 ____ Summer II 20 ____
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Course ID	Section	Course Title	Credit Hours	Add / Drop	
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <input type="checkbox"/> CORRECTED                 </div>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Tuition and Fees will be waived for only the course(s) listed above. All changes to course schedules must be submitted on a Corrected Tuition Waiver Application. You will be charged Tuition and Fees for any courses not listed on an approved tuition waiver application.

**APPLICANT:** I understand my application will not be approved if my waiver application is received or if I become enrolled in the course after the Last day (Census Date) to drop a course with a tuition adjustment for the term attending (See Registration Calendar for dates) and that I must apply for this benefit each term. I understand that I will be responsible for the full tuition cost of any additional course(s) not covered by the Tuition Waiver Program. I understand that Withdrawal from a Tuition Waived course(s) counts towards the waivers allotted per academic year.

I hereby certify that I have read, understand and will comply with the terms and conditions of BOT policy 7.55.7 as well as REG07.55.08 and related Tuition Waiver procedures (see: <http://www.fis.ncsu.edu/cashier/employees/regulations.asp>) and have completed this application fully and accurately to the best of my knowledge.

I understand that depending on my registration, I may be billed for student health insurance. I understand that if I already have insurance coverage, I do not need student health insurance and may waive the charge online (see: <https://www.bcbssc.com/content/studentblue/ncsu/index.htm>)

I understand that if I do not waive student health insurance, I will be billed for student health insurance if applicable.

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

### DEPARTMENT CERTIFICATION

**Note:** Depending upon prevailing tax laws, the value of the tuition waived may be considered reportable taxable compensation subject to social security, federal and state tax withholding, unless the course is deemed job related. To meet the federal job relationship definition, the course must maintain or improve skills required for the job, or be required by the employer as a condition of continuing employment. If the course is needed by the employee in order to meet the minimum education requirements of the job, the job relationship definition for tax exclusion may not be used. It is the responsibility of the employee and supervisor to determine if the course is "job related" or "required for continued employment" and mark the appropriate box on the Tuition Waiver.

**IS THE COURSE(S) LISTED ABOVE DIRECTLY RELATED TO THE EMPLOYEE'S CURRENT JOB DUTIES?**

(See Item \_\_\_\_ of the regulations for definition)  Yes  No

**IS THE COURSE(S) LISTED ABOVE REQUIRED TO MEET THE MINIMUM EDUCATION REQUIREMENTS FOR THEIR CURRENT POSITION?**

(See Item \_\_\_\_ of the regulations for definition)  Yes  No

Enrollment in the course(s) identified above will not adversely affect his or her normal employment obligations. If this employee's regular work schedule has been altered to accommodate taking this course, it is in my judgment that this department's operations will not be adversely affected by such alteration in schedule.

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_  
(Supervisor)

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_  
(Dean, Director or Department Head)

**FOR CASHIER'S OFFICE USE:** Applicant has fully completed form and presented payment for any additional coursework, prior to the semester deadline.

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** If enrolling at another campus, it is the applicant's responsibility to submit the original application to the appropriate office of the enrolling institution by the deadline prescribed by that particular institution.

**COURSE REGISTRATION:** Completing this form will not enroll you in a course. See the Registration website <http://www.ncsu.edu/registrar> for complete information.

**SUBMIT COMPLETED FORMS TO THE CASHIER'S OFFICE, 2005 HARRIS HALL, CAMPUS BOX 7213, RALEIGH, NC 27695-7213**