



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 employees, for the spouses of full-time permanent employees at UNC Chapel Hill or UNC Health Care and for students on military or civilian orders from the ROTC.

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.

Complete a separate form for each semester or session and return to the University Cashier at 2215 SASB North, CB# 1400, Chapel Hill, NC 27599-1400 (telephone) 919- 962-1368 (fax) 919-962-1568

TERM: _____

Student's Name:	First	Middle	Last
Student's PID Number:			Email:
Student's Street Address:			
City:		State:	
Zip:			
Student's Phone Number:			
Classification:	<input type="checkbox"/> UNC-CH Employee <input type="checkbox"/> UNC-CH Employee Spouse		<input type="checkbox"/> UNC Healthcare Employee <input type="checkbox"/> UNC Healthcare Employee Spouse

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.) Temporary and student employment are not permanent employment positions.

Department: List Course(s):

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.) Temporary and student employment are not permanent employment positions.

Employee's Name: Date of Your Marriage:

Employee's PID No: Employee's Department:

Employee's Phone: Employee's Supervisor:

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:

SAUR Office Use Only

Approved: YES
 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: