

**APPLICATION FOR FACULTY/STAFF TUITION WAIVER**

Name: \_\_\_\_\_ NC State ID: \_\_\_\_\_ Email: \_\_\_\_\_  
 (Last) (First) (MI)  
 Department: \_\_\_\_\_ Campus Box: \_\_\_\_\_ Campus Phone #: \_\_\_\_\_  
 Position, Title or Rank: \_\_\_\_\_

Course(s) will be taken at NC State University **Term:** Fall 20 \_\_\_\_ Spring 20 \_\_\_\_  
 Course(s) will be taken at other UNC System School \* See note below  
 Select one Summer I 20 \_\_\_\_ Summer II 20 \_\_\_\_

Course ID	Section	Course Title	Credit Hours	Add / Drop	C O R R E C T I O N
1.					
2.					
3.					

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. Employee tuition waivers are considered a benefit of employment and costs incurred as a result of using a waiver or failure to submit a timely waiver are not appealable.

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 REG 07.55.08 and related Tuition Waiver procedures (see: <http://treasurer.ofb.ncsu.edu/cashier/employees/regulations.php>) 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.bcbnsnc.com/content/studentblue/ncsu/index.htm>).

**I understand that if I do not waive the student health insurance, I will be billed for the 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. Unchecked boxes will default to not job related.

**IS THE COURSE(S) LISTED ABOVE DIRECTLY RELATED TO THE EMPLOYEE'S CURRENT JOB DUTIES?**  
 (See Item 5.2.4 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 5.2.3 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 (NCSU EMPLOYEE) OR HUMAN RESOURCES (NON-NCSU EMPLOYEE) OFFICE USE: Applicant meets employment requirements for use of tuition waiver.**

**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.