



REQUEST FOR WAIVER OF STUDENT FEES

(For permanent employees of UNC at Chapel Hill, UNC Health Care Systems, and for their spouses)

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) 962-1368 (fax) 962-1568

TERM: _____

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

FOR EMPLOYEE ONLY: I am a permanent employee of The University of North Carolina at Chapel Hill or of UNC Health Care Systems 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.

Department: _____	List Course(s): _____
Supervisor's Name: _____	_____
Supervisor's Phone: _____	_____

FOR SPOUSE: I am the spouse of a permanent employee of The University of North Carolina at Chapel Hill or of UNC Health Care Systems 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: _____
List Course(s): _____	_____

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.

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: _____

Office Use Only

Approved: YES
 NO

Initials: _____