



O 919-962-1368 | F 919-962-1568

SASB North | Suite 2215 | Campus Box 1400
450 Ridge Road | Chapel Hill, NC 27599-1400
cashier.unc.edu

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.

TERM: _____

STUDENT INFORMATION
First Name: Middle Initial: Last Name: PID:
Street Address: Email:
City: State: Zip Code: Phone Number:
UNC System SHRA Employee UNC System EHRA Employee UNC Healthcare Employee UNC Healthcare Employee Spouse UNC-Chapel Hill Employee Spouse
UNC System Employer:
FOR EMPLOYEE ONLY: I am a full-time, permanent employee of the University of North Carolina system...
Department: 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...
Employee's Name: Employee's PID: Employee's Phone:
Employee's Department: Employee's Supervisor: Date of Your Marriage:
I understand that with the waiving my student fees, I also forfeit the privileges provided by these fees...
Signature: Date: Cashier's 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: