ELIZABETH CITY STATE UNIVERSITY
Application for Waiver of Tuition for Faculty and Staff

1. Full name of applicant:_____ Campus Phone #:_____

2. Position, Title or Rank:_____

3. Months of the year employed by Elizabeth City State University (i.e. Jan-Dec):_____

4. Institution offering the course you wish to take tuition free:_____

5. Semester/year in which course is offered: Spring _____ (Year) Fall _____ (Year) Summer _____ (Year)

6. Title of course:_____

7. Credit hours to be earned:_____

8. Level of course (graduate, undergraduate, special, etc.):_____

9. Educational leave requested Yes___ No___; If Yes, give days & hours: Days of the week (circle): M T W TH F Hours: from _____am/pm to _____am/pm Educational leave time per week (including travel)_____

10. Please check one: This is my ☐first , ☐ Second , ☐ third waiver for the academic year.

11. Is there any course at a public or private educational institution that you intend to take, whether for credit or not, during the same semester as that during which you wish to take the course identified in item #6? Yes____ No____ If "yes", set forth on the back of this application the name of the institution offering the course and the particulars therefore identified in items #6, 7, and 8.

APPLICANT: I hereby certify that I have completed this application fully and accurately to the best of my knowledge.

(Signature)_____ (Date)_____

ELIZABETH CITY STATE UNIVERSITY: Enrollment tuition-free in the course identified above will not interfere with the satisfactory performance of normal employment obligations by the above-named applicant.

(Departmental approval)_____(Date)_____

(Title)_____

(Signature)_____ (Date)_____
Chancellor or Chancellor's delegate

(Title)_____

Registrar's Office_____ Date_____ Human Resources_____ Date_____

FOR THE ENROLLING INSTITUTION: The above-named applicant has been found academically eligible to enroll in the course identified above. There is space available for the above-named applicant to enroll tuition-free in the course identified above.

(Signature)_____ (Date)_____
Chancellor or Chancellor's delegate

(Title)_____