



## Tuition Surcharge Waiver Request

### Student Information

Name: \_\_\_\_\_  
Last First Middle

Student ID #: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Major: \_\_\_\_\_

Term under appeal:  Fall  Spring Year: \_\_\_\_\_

### Basis for Wavier Request

After reviewing the category definitions on the reverse of this waiver, please select the waiver category that is most applicable to your situation.

Choose one:

- |   |   |
|---|---|
| <input type="checkbox"/> Military Service Obligation  | <input type="checkbox"/> Short-term or Long-Term Disability |
| <input type="checkbox"/> Serious Medical Debilitation | <input type="checkbox"/> Other Extraordinary Hardship       |
| <input type="checkbox"/> Aggies at the Goal Line      |   |

### Documentation Requirements

Your completed appeal should include the following documents:

1. **Application** form
2. **Statement** explaining your circumstances
3. **Documentation** showing evidence to support your claim (see page two for documentation requirements for each of the waiver categories)
4. **Academic Plan** detailing your remaining graduation requirements, graduation date and strategy for meeting them.
5. **Unofficial Transcript**

Submit all materials to the Office of the Registrar by the published deadline for the term under appeal. Materials may be brought to **Office of the Registrar Dowdy Administration Building 101** faxed to **(336) 334 7466** or mailed to Office of the Registrar, **1601 E Market St, Greensboro NC, 27411** Updates about your appeal will be sent to your university email address.



## Definitions

With respect to the provisions of North Carolina General Statute § 116-143.7(c) the following terms are defined:

- A. **Military Service Obligation** shall mean the performance of duty on a voluntary or involuntary basis in connection with service in the Armed Forces, Reserves, or National Guard including, but not limited to; active duty, active duty for training, initial active duty for training, and inactive duty training.
- B. **Serious Medical Debilitation** shall mean an illness, injury, impairment, or physical or mental condition requiring; (a) inpatient care in a hospital, hospice, or residential medical care facility; or (b) continuing treatment by a health care provider; provided that such incapacity did not result from the student's violation of University policy or the commission of a felony.
- C. **Disability** shall mean a mental or physical incapacity that causes the performance of the student's commitments to become impossible or impractical; provided that such incapacity did not result from the violation of University policy or the commission of a felony.
- D. **Other Extraordinary Hardship** shall mean a hardship of any kind which, despite responsible handling, resulted in the substantial disruption or interruption of the student's pursuit of a degree.
- E. **Aggies at the Goal Line** (AGL) is a degree completion program designed to help former "Aggies" who did not complete their bachelor's degree to return to the University to earn their bachelor's degree. In order to qualify for AGL:
1. Must have submitted a readmission Application.
  2. Have been out of the University for at least three years.
  3. Have a minimum 2.0 cumulative GPA.
  4. Have earned 90 hours or more.

## Documentation Requirements

In order to demonstrate the applicability of a waiver category the student shall provide the following

- A. **Military Service Obligation:** verification of the student's voluntary or involuntary performance of a duty in connection with service in the Armed Forces, Reserves, or National Guard including, but not limited to; active duty, for training, initial active duty for training, and inactive duty training.
- B. **Serious Medical Debilitation**

Certification issued by the treating health care professional(s) stating each of the following:

1. The approximate date on which the Serious Medical Debilitation commenced.
2. The extent to which the serious medical condition has impacted the student's pursuit of a degree.
3. The relevant and appropriate medical facts regarding the condition.



**C. Short-Term Disability**

Certification issued by the treating health care professional(s) stating each of the following:

1. The approximate date on which the Short-Term Disability commenced.
2. The extent to which the student’s physical or mental incapacity has impacted the student’s pursuit of a
3. The relevant and appropriate medical facts regarding the condition.
4. That, to the best of the treating health care professional’s knowledge, the student’s disability is not permanent.

**D. Long-Term Disability**

Certification issued by the treating health care professional stating each of the following:

1. The approximate date on which the Long-Term Disability commenced
2. The extent to which the student’s physical or mental incapacity has impacted the student’s pursuit of a degree.
3. The relevant and appropriate medical facts regarding the condition.
4. That, to the best of the treating health care professional’s knowledge, the student’s disability is likely to be

**E. Extraordinary Hardship:** verification of any circumstances which, despite responsible handling, led to the substantial disruption or interruption of the student’s pursuit of a degree.

**F. Aggies at the Goal Line:** This classification will be decided in the Office of the Registrar.

**III. Documentation**

Attach to this form is necessary required documentation that corresponds with the waiver category selected. Once this form has been completed in its entirety, including the necessary information and documents, please submit the form to the Office of the Registrar at the address listed below.

Student’s Signature

Date