

Tuition Surcharge Waiver Request Form

Students who wish to apply for a waiver of the Tuition Surcharge must complete this form within 30 business days of receiving notification of the tuition surcharge. Supporting documentation must be attached or the waiver request will not be reviewed. Students should review the definitions on the next page to ensure that the reason for their request falls within one of the categories listed below.

I. STUDENT INFORMATION: (Please Print)

Name: _____ UNC Asheville ID: _____

Address: _____ Phone Number: _____

_____ Term(s) Involved: _____

Email: _____@unca.edu Major/Degree Program: _____

II. BASIS FOR WAIVER REQUEST:

After reviewing the definitions on the next page, please select **one** of the waiver categories that applies to you and explain in detail.

- Military Service Obligation
- Short-Term Disability
- Long-Term Disability
- Serious Medical Debilitation
- Other Extraordinary Hardship

Description: (attach additional sheets as needed) _____

III. DOCUMENTATION REQUIREMENTS AND SIGNATURE:

After reviewing the documentation requirements listed on the next page, please attach the required documentation to support your waiver request and sign below.

Student's Signature: _____ Date: _____

Submit completed form to the Office of the Registrar, Ramsey 011 CPO 1570, Asheville, NC 28804

OFFICE USE ONLY

Tuition Surcharge Waiver Request ___ Approved ___ Denied Additional Comments/Action: _____
 Surcharge to be changed from _____ to _____

Student notified via email by: _____ Date: _____ 02/2014

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 academic commitments to become impossible or impractical; provided that such incapacity did not result from the student's 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.

Documentation Requirements:

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

- 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, 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 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 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 permanent.
- 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.