



# Tuition Surcharge Waiver Form

## I. REQUIRED STUDENT INFORMATION

Name \_\_\_\_\_ Banner ID \_\_\_\_\_  
 Last First MI  
 Address \_\_\_\_\_  
 City State Zip  
 Major/Minor \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

### SEMESTER FOR WHICH YOU ARE SUBMITTING THIS WAIVER:

Fall Spring 1<sup>st</sup> Summer 2<sup>nd</sup> Summer 11-Week Summer \_\_\_\_\_  
 Year

## II. BASIS FOR WAIVER REQUEST

Please select one of the following waiver categories that are applicable to your situation:

- Military Service Obligation** - 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.  
**Required Documentation** - 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.
- Serious Medical Debilitation** - 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.  
**Required Documentation** - 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.
- Short-Term or Long-Term Disability** - 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  
**Required Documentation** - Certification issued by the treating health care professional(s) stating each of the following:
  4. The approximate date on which the Short-Term Disability commenced.
  5. The extent to which the student's physical or mental incapacity has impacted the student's pursuit of a degree.
  6. The relevant and appropriate medical facts regarding the condition.
  7. That, to the best of the treating health care professional's knowledge the student's disability is not permanent.
- Other Extraordinary Hardship** - Hardship of any kind which, despite responsible handling, resulted in the substantial disruption or interruption of the student's pursuit of a degree.  
**Required Documentation** - Verification of any circumstances which, despite responsible handling, led to the substantial disruption or interruption of the student's pursuit of a degree.

## III. Documentation

After consulting the documentation requirements in section II of this waiver, please attach the required documentation to support this waive request.

Forward completed waiver form and documentation to:

Office of the Registrar  
East Carolina University  
201 Whichard Building  
Greenville, NC 27858  
(252) 328-4232 (fax)  
[cas@ecu.edu](mailto:cas@ecu.edu)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_