Tuition Surcharge Waiver Form

I. REQUIRED STUDENT INFORMATION

Name ___________________________  Banner ID ___________________________

Address ___________________________

Major/Minor ___________________________  Email ___________________________

Last  First  MI  City  State  Zip

SEMESTER FOR WHICH YOU ARE SUBMITTING THIS WAIVER:

Fall  Spring  1st Summer  2nd Summer  11-Week Summer

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

Student Signature ___________________________  Date ___________________________