



APPLICATION Out-of-State Tuition Waivers for North Carolina Teachers

WCU Use Only	

Date _____	Signature _____

(as allowed in G.S. 116-143.5)

According to General Statute 116-143.5, public school teachers (or other personnel paid on the teacher salary schedule) who have maintained a domicile in North Carolina for less than one year but are employed **full-time** by a **public school** may receive the in-state tuition rate for courses relevant to teacher certification or professional development as a teacher.

This application is only for an out-of-state tuition waiver. The award of this waiver should not be misinterpreted as being classified as a "Resident for Tuition Purposes." You may apply for reclassification from a nonresident to a "Resident for Tuition Purposes" after you have resided in North Carolina for at least one year. The required Residency Application may be obtained from Research and Graduate Studies.

Directions:

This application **MUST** be submitted prior to each semester for which you are applying for an out-of-state tuition waiver.

The application consists of three parts, and all parts **MUST** be completed in their entirety before the application will be considered. Enter "NA" if any question is not applicable to you.

All information must be typed or printed except for the signatures.

Return this form to: Graduate Residency Officer, Research and Graduate Studies, Western Carolina University, 109 Outreach Center, Cullowhee, NC 28723-9022.

PART I. To be completed by the applicant

1. Applicant's Name _____
2. Social Security Number _____
(Completion of your Social Security number is voluntary. It is requested by Western Carolina University solely for record-keeping accuracy and is used only as a personal identifier for the internal records of this institution.)
3. This application is for Fall 20____ Spring 20____ 1st Summer 20____ 2nd Summer 20____
(Enter the year of the semester to which you are applying for an out-of-state tuition waiver. A new form MUST be completed for each semester in which you are taking courses.)
4. Current Mailing Address _____
Telephone: _____
Email: _____
5. Current Residential Address (Street Address) _____

6. Are you a citizen of the United States? Yes No

If you answered no, what visa classification do you hold? _____
(Please include a photocopy of your visa.)
7. Dates of contract for full-time employment as a teacher: (Month/Year)

Beginning _____ Ending _____

8. Employing School _____

9. Name of Principal _____

10 Declaration of the courses to be taken: "I wish to take the following courses at Western Carolina University, and I declare that they are 'relevant to my teacher certification or professional development as a teacher.'"

Relevant Course(s)
(List course numbers and titles)

A. _____

B. _____

C. _____

D. _____

Applicant's Signature _____ Date _____

NOTE: In addition to applying for a tuition waiver, ALL teachers must apply as either a nondegree graduate student or a degree-seeking graduate student before registering for the courses listed above

The nondegree and degree applications can be obtained by visiting the Research and Graduate Studies home page on the World-Wide Web at <http://www.westerngrad.com>; by requesting one directly from Research and Graduate Studies; or by calling 828-227-7398

PART II. The principal **MUST** complete the following information before the application will be considered

Principal's Statement

My signing this document verifies that

A The applicant, _____,
(Print name of the teacher)

is a full-time employee at _____,
(Print name of school)

such that the applicant qualifies for membership in the Teacher's and State Employee's Retirement System (TSERS) or would so qualify if employed on a permanent basis.

B. The applicant is paid on the North Carolina teacher salary schedule.

C. Each course listed on this form is relevant to the applicant's teacher certification or to professional development as a teacher.

Signature of Principal _____ Date _____

Name and Address of School _____

Telephone Number of School (_____) _____

PART III. To be completed by the applicant.

Residential Information

Please name each state where you did any of the following within the last twelve months (Provide month/day/year of each act; if not applicable, enter "NA")

	(State)	(Month/Day/Year)
(a) Registered to vote	_____	_____
(b) Voted	_____	_____
(c) Acquired driver's license	_____	_____
Driver's license number	_____	
(d) Listed personal property for taxation	_____	_____
(e) Acquired ownership of property for use as a principal dwelling	_____	_____

(f) List the addresses at which you own and maintain personal property (clothing, furniture, cars, boats, savings accounts, jewelry, appliances, etc), and give the percentage of value (of total personal property) maintained at each address.

Address (city/state)	Percent at this Address
_____	_____
_____	_____
_____	_____

(g) List where and when all of your motor vehicles were registered or licensed.

Type of vehicle (List all)	(State where registered/licensed)	(Month/Day/Year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

The car(s) or other motor vehicles that you maintain and operate in N C. are insured by the following company (give name and address):

Thank you for your interest in Western Carolina University, and best wishes on your future endeavors.

Additional Remarks