

**RETURN TO:**

The University of North Carolina at Greensboro  
Office of the Provost, 201 Mossman Building  
PO Box 26170, Greensboro, NC 27402-6170


**THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO  
RESIDENCE-AND-TUITION APPLICATION SUPPLEMENT  
FOR NORTH CAROLINA PUBLIC SCHOOL TEACHERS**

If you are claiming benefit of the in-state tuition rate as a full-time employee paid on the North Carolina teacher salary schedule, this affidavit **must** be completed by both yourself and your school principal and submitted with your Residence-and-Tuition Status Application.

**This application, in proper order, must be submitted prior to the first day of classes of each academic term of enrollment for which the tuition benefit is claimed.**

**TYPE ALL RESPONSES OR PRINT THEM LEGIBLY IN DARK INK**

1. Applicant (student's) full name (Mr., Mrs., Miss, Ms.) \_\_\_\_\_
2. Current Mailing Address (street, city, state) \_\_\_\_\_
3. Permanent Home Address (street, city, state) \_\_\_\_\_
4. **Circle** the earliest term and indicate the year in which you want this decision to apply (circle only **one** term per application)  
a. Fall, \_\_\_\_\_ b. Spring, \_\_\_\_\_ c. First Summer Term, \_\_\_\_\_ d. Second Summer Term, \_\_\_\_\_
5. List the course(s) for which tuition waiver is sought (give course number and name of **each** course):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PRINCIPAL'S DECLARATION**

- A. Please **answer all questions fully**.
- B. **Print legibly or type all responses**.
- C. Please **sign and date** this declaration where indicated.
1. Name of Applicant's Principal (Dr., Mr., Mrs., Miss, Ms.) \_\_\_\_\_
2. Name and Address of Employing School \_\_\_\_\_  
\_\_\_\_\_
3. Date this Applicant was employed (M/D/Y) \_\_\_\_\_
4. Is the Applicant employed full-time? \_\_\_\_\_ (Yes or No)
5. Is the Applicant paid on the North Carolina teacher salary schedule? \_\_\_\_\_ (Yes or No)
6. Does the Applicant qualify for membership in TSERS? \_\_\_\_\_ (Yes or No)
7. I certify that the course(s) listed below is/are relevant to the applicant's teacher certification or to his/her professional development as a teacher:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that all information I have set forth is true to the best of my knowledge, pursuant of my reasonable inquiry where needed, and I am aware that knowing falsification of any responses herein may invalidate the applicant's request for a tuition waiver under G.S. 116-143.5, Section 8.22(c).**

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date