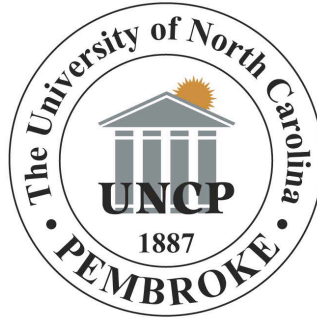


For Office Use Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
For Term: _____	
Authorized by: _____	
Date: _____	



**THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE
OFFICE OF NEW STUDENT AND FAMILY ORIENTATION
North Carolina Public Higher Education**

MILITARY WAIVER FORM

Under North Carolina General Statutes Section (G.S. 116-143.3) certain members of the armed services and their dependent relatives, who qualify for academic admission, may be eligible to be charged a tuition rate less than the out-of-state rate whether or not they qualify as residents for tuition purposes under (G.S. 116-143.1). The pertinent law and implementing regulations are available for inspection in the Sampson Livermore Library and may be examined upon request. Included among the requirements are:

- Active duty service member stationed in North Carolina on Permanent Change of Station orders.
- Or, military dependent(s) who are living with the active duty service member stationed in North Carolina on Permanent Change of Station orders.
- Or, non-resident North Carolina National Guard member on active or reserve status. Please note, this benefit is not applicable to their dependents.
- Service members and their dependents who are determined to be eligible for this benefit must RE-APPLY for it (1) if they do not remain continuously enrolled, (2) if the service member is discharged from the service, or (3) if the dependent ceases to be a dependent of the service member.

DIRECTIONS

- 1. Entire application must be submitted prior to the first day of classes.**
2. Respond to all questions within the part of the form that you are to complete. If any question is not applicable to your situation, write "Not Applicable" or "N/A".
3. Print or type all responses. If necessary, write "see attached" in the space provided, and use separate additional sheets, numbering your responses the same as the corresponding question and stapling or taping these sheets to this application form.
4. Be completely accurate to the best of your knowledge and understanding. Knowingly falsifying your responses may subject you to disciplinary action including dismissal from the institution. When "date" is requested give day, month, and year.
5. Sign and date this application where indicated.
6. Attach the required affidavit(s). (See Part I, Item 8, or Part II, Item 8 as appropriate.)
- 7. The service member through whom you claim the tuition benefit cannot serve as the appropriate military authority.**

PART I. FOR APPLICANTS WHO ARE THEMSELVES SERVICE MEMBERS

(If you are not a member of the Armed Services, skip to Part II.)

1. Applicant's full name: _____
Rank: _____
2. Date of Birth: _____ Telephone: _____
3. Branch of armed service (check one):
 U.S. Air Force U.S. Marine Corps U.S. Army
 N.C. National Guard U.S. Coast Guard U.S. Navy
Is this a Reserve Component of the indicated service? Yes No
4. What is your permanent duty station? _____
5. What is the street address or building location at which you are currently living?

6. Have you been academically admitted to this institution? Yes No
7. Beginning with what academic term are you seeking the tuition benefit?
Fall, 20 ____ Spring, 20 ____ Summer I, 20 ____ Summer II, 20 ____
8. Attach an affidavit signed by the appropriate military authority, such as the commanding officer, attesting to your duty status and location. The affidavit must appear on military letterhead and be properly notarized. **(NOTE: Affidavits must be notarized only if signed by military personnel below the rank of captain.)**
9. In the event the active duty member of the armed services is reassigned outside of North Carolina, the member shall continue to be eligible for the in-state tuition rate and applicable mandatory fees so long as the member is continuously enrolled in the degree or other program in which the member was enrolled at the time the member is reassigned.

PART II. FOR APPLICANTS WHO CLAIM THE TUITION BENEFIT AS DEPENDENT RELATIVES OF SERVICE MEMBERS

1. Applicant's full name: _____
2. Date of Birth: _____ Telephone: _____
3. What is the street address or building location at which you are currently living?

4. Have you been academically admitted to this institution? Yes No
5. Beginning with what academic term are you seeking the tuition benefit?
Fall, 20 ____ Spring, 20 ____ Summer I, 20 ____ Summer II, 20 ____

6. For the service member through whom you claim the tuition benefit, provide the following:
- (1) Full name: _____
 - (2) Rank: _____
 - (3) Date of Birth: _____
 - (4) Branch of armed service (check one):

<input type="checkbox"/> U.S. Air Force	<input type="checkbox"/> U.S. Marine Corps	<input type="checkbox"/> U.S. Army
<input type="checkbox"/> N.C. National Guard	<input type="checkbox"/> U.S. Coast Guard	<input type="checkbox"/> U.S. Navy

 Is this a Reserve component of the indicated service? Yes No
 - (5) Permanent duty station: _____
 - (6) Street address or building location at which the service member currently lives:

7. What is your relationship to the service member through whom you claim the tuition benefit?

8. Attach an affidavit signed by the appropriate military authority, such as the commanding officer; attesting to your military dependency status and the duty status and location of the service member whose dependent you are (your sponsor). The affidavit must appear on military letterhead and be properly notarized. **(NOTE: Affidavits must be notarized only if signed by military personnel below the rank of captain.)**

9. In the event the member of the armed services is reassigned outside of North Carolina, the dependent relative shall continue to be eligible for the in-state tuition rate and applicable mandatory fees so long as the dependent relative is continuously enrolled in the degree or other program in which the dependent relative was enrolled at the time the member is reassigned.

10. Are you currently registered with the Selective Service System? Yes No

If “No” circle the number designating which one of the following exemption(s) you claim:

- (1) a female,
- (2) a male born before January 1, 1960,
- (3) a male less than 18 years and one month old at the first day of classes of the first academic term for which you are seeking the military tuition benefit under this application,
- (4) a person on full-time active duty in the armed services or the Public Health Service,
- (5) a nonimmigrant alien with either a current Form I-94 (other than parole or refugee status) or Form I-95,
- (6) a person confined in a medical institution since otherwise first required to register,
- (7) a person under penal care or incarceration since otherwise first required to register.

I hereby certify that all information I have set forth herein is true to the best of my knowledge, pursuant to my reasonable inquiry where needed.

I hereby acknowledge that the Institution may verify the information set forth herein from sources accessible under law to the Institution but that the Institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am, or have been, in attendance at this Institution.

Applicant's Signature

Date

Signature of parent or guardian
(If applicant is under 18 years of age)

Date

Return completed application to: **The University of North Carolina at Pembroke**
 Office of New Student and Family Orientation
 P.O. Box 1510
 Pembroke, North Carolina 28372-1510
 Phone: (910) 521-6662
 Fax: (910) 775-4158

SAMPLE AFFIDAVIT

NOTE: Affidavit MUST be submitted on appropriate military letterhead

**DEPARTMENT OF THE XXXXX
HEADQUARTERS, XXND DIVISION
FORT XXXXX, NORTH CAROLINA**

Date

Director of New Student and Family Orientation
The University of North Carolina at Pembroke
Office for Enrollment Management
P.O. Box 1510
Pembroke, North Carolina 28372-1510

Director of New Student and Family Orientation:

In response to your request for certification of relationship and eligibility of xxxx(military dependent's name)xxxx, the following information is provided.

- a. I certify that the applicant xxxx(military dependent's name)xxxx is currently a military dependent eligible for all military benefits of the service member, xxxx(service member's name)xxxx.
- b. I certify the relationship of the applicant xxxx(military dependent's name)xxxx is the xxxx(spouse/dependent child)xxxx of the service member xxxx(service member's name)xxxx.
- c. I certify xxxx(service member's name)xxxx is currently on active duty or is a member of the North Carolina National Guard.
- d. I certify xxxx(service member's name)xxxx is currently assigned to Headquarters and Headquarters Battery, Division XXXXXXXX, XXXXXXXX, Fort XXXXX, North Carolina, per Military Order Number #####.
- e. I certify my name: _____, (Rank), (Branch), (Duty Station), Fort XXXXX, North Carolina.

Sincerely,

Name, Branch

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____, (Rank), (Branch), (Duty Station), personally appeared before me this _____ day of _____, 20__.

My commission expires: _____

Notary Public

Date

(Affidavits must be notarized ONLY if signed by military personnel below the rank of captain.)