

Request for Waiver of Non-Resident Tuition Rates

As outlined by NC Statute GS115D-39



TRI-COUNTY
COMMUNITY COLLEGE

www.tricountycc.edu

MAIN CAMPUS 21 Campus Circle • Murphy, NC 28906 • 828-837-6810

GRAHAM COUNTY CENTER 145 Moose Branch Road • Robbinsville, NC 28771 • 828-479-9256

SECTION I: TO BE COMPLETED BY STUDENT

I, _____, am classified as an out-of-state resident for tuition purposes at Tri-County Community College, Murphy, North Carolina.

I wish to take advantage of the North Carolina statute GS 115D-39, which states that a non-resident of North Carolina can enjoy the North Carolina resident rate of tuition if that person works in North Carolina and their employer agrees to pay the tuition charges for this student.

Student's Full Name: _____

Student's Address: _____

I understand that three specific steps (as outlined by the NC Community College System) must be completed in order to qualify for the in-state tuition rate as follows;

- ✓ The request for the in-state tuition rate must be made on the NC employer's letterhead.
 - ✓ A copy of the employee's pay stub must be submitted to verify employment.
 - ✓ The employee's tuition must be paid with a company check. (Cash cannot be accepted.)
- These items must be brought with you each semester you register until your resident status changes.*

I understand that if my NC employer fails to pay as agreed, I will be responsible for payment of said charges.

Date: _____ Student's Signature: _____

SECTION II: TO BE COMPLETED BY THE EMPLOYER

Name of Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Federal I.D. Number: _____ Business Phone: _____

It is agreed that this business will assume full responsibility for all charges incurred for this student's _____ Semester, 20____ registration as indicated: (Please check below)

\$ _____	Tuition	
\$ _____	Fees and Insurance	Maximum Amount \$ _____
\$ _____	Books	

- ✓ A request for the in-state tuition rate on company letterhead is attached.
- ✓ Full remittance will be by company check within ten (10) days after receipt of the Tri-County Community College invoice.

Date: _____ Authorized Signature: _____