

Tuition Remission Award Form  
The Graduate School  
UNC Wilmington

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Student I.D.: \_\_\_\_\_

**TO RECEIVE A TUITION REMISSION A STUDENT MUST 1) BE CLASSIFIED OUT-OF-STATE FOR TUITION PURPOSES AND 2) HAVE A TEACHING OR RESEARCH ASSISTANTSHIP.**

**REMISSION INFORMATION**

Please indicate the semester(s) and maximum number of semester hours to be funded by the tuition remission.

Fall 19 \_\_\_\_\_  
\*Semester hours to be funded \_\_\_\_\_

and/or

Spring 19 \_\_\_\_\_  
\*Semester hours to be funded \_\_\_\_\_

\*Maximum semester hours to be covered by remission. Student may register for more hours, but will pay out-of-state tuition and fees for hours above this amount.

**Narrative justification:** Write a justification for awarding the tuition remission.

**ASSISTANTSHIP INFORMATION**



Amount of assistantship: \_\_\_\_\_ Type:  RA  TA Hours per week: \_\_\_\_\_

Semester(s) of assistantship: Fall 19 \_\_\_\_\_ and/or Spring 19 \_\_\_\_\_

Write a brief description of duties assigned to the student.

\_\_\_\_\_  
GRADUATE COORDINATOR OR DEPARTMENT CHAIR

\_\_\_\_\_  
DATE

**DO NOT WRITE IN THE SPACE BELOW - FOR GRADUATE SCHOOL USE ONLY**

Semester of award \_\_\_\_\_  
Total credit hours \_\_\_\_\_  
Remission amount \_\_\_\_\_  
Date letter sent \_\_\_\_\_  
Comments: \_\_\_\_\_

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Comments: \_\_\_\_\_