

**TUITION BENEFITS FOR SPOUSES OF NORTH CAROLINA RESIDENTS
ADULT CREDIT PROGRAMS & SUMMER SESSIONS SUPPLEMENTAL FORM**

Under North Carolina General Statutes 116-143.1(g), spouses of North Carolina legal residents may be entitled to special tuition benefits. Copies of the applicable law and of implementing University regulations are available upon request in the Undergraduate Admissions Office. The basic requirement for eligibility is that the individual be married to a legal resident of North Carolina, or be separated or divorced from such a legal resident for less than 24 months. Any applicant for this benefit must be academically qualified for admission to this institution.

Please complete this application and return as soon as possible so that we may determine whether you are eligible to be considered a resident of the state for tuition purposes.

Print or type your responses.

Full Name: _____
Last
First
Middle

2. Social Security Number: _____

3. Spouse's name: _____

4. Date of marriage: _____ Separated or divorced? yes no
 Date of separation or divorce: _____

5. Spouse's permanent home address: _____ since _____ (date).
 Former address if less than 1 yr: _____ since _____ (date).

6. Spouse's last previous home address outside NC: _____
 _____ from _____ to _____ (dates).

7. Spouse's Citizenship _____ If citizenship other than U.S., indicate visa status
 Date obtained: _____

8. List your spouse's employment for wages in the last 24 months:

Employer	Location(city and state)	From(date)	To(date)	Hours/wk
a) _____	_____	_____	_____	_____
b) _____	_____	_____	_____	_____
c) _____	_____	_____	_____	_____

I hereby acknowledge that completion of Item 2 (Social Security Number) is voluntary, and is requested by the institution as a temporary identifier until an identification number is assigned.
 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 further acknowledge that knowingly falsifying any information herein will result in disciplinary action, including possible dismissal from the institution.
 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 by the Educational Rights and Privacy Act of 1974 if I am, or have been, in attendance at this institution.

 Signature of applicant Parent or Guardian signature (if under 18 yrs of age) Date