



THE UNIVERSITY *of* NORTH CAROLINA
GREENSBORO

Graduate Student Association
222U Elliott University Center PO Box 26170
Greensboro, NC 27402
<mailto:gsa@uncg.edu>

STUDENT STATUS WAIVER

Student Statement:

I have read and I understand the student status requirement as described in the PDF Guidelines. I attest I have been accepted to The Graduate School and I am enrolled in graduate-level classes at UNCG during the semester of the conference for which I am seeking reimbursement.

Student Signature

Student Name

Date

Departmental Support for Application:

I certify that the individual named above is a graduate student in my department/office. I support the student's participation in the professional development activity in question and I attest that the cost of the reimbursable items is normal and reasonable.

Signature of faculty member, department chair, or academic dean

Printed name of above faculty member

Phone number of above faculty member

Date