****

**APPLICATION FOR TUITION WAIVER BY A DEPENDENT OR SPOUSE OF A DECEASED EMPLOYEE OF**

**SOUTHERNN ILLINOIS UNIVERSITY EDWARDSVILLE**

**PLEASE NOTE:** No tuition and fee waiver request form will be approved or processed after the last official day to withdraw from classes and receive a full refund. Incomplete forms will not be processed and will be returned to the student. To avoid being incorrectly billed, students should register BEFORE completing the form. Completed forms are to be submitted to the Office of Human Resources. Please note the application is good for one academic year. The application deadline for tuition waivers for each academic year is August 31. (Example: The deadline for Fall 2013, Spring 2014, and Summer 2014 waivers would be August 31, 2013). Applications summited for Spring or Summer semesters are due by the 10th day after the start of the semester. Forms received after the deadline will not be processed.

* If this is the first year/semester completing this form, we must receive proof of your relationship to the employee.
	+ Spouses can provide: Marriage Certificate, Civil Union Partnership Certificate or Tax Return showing the spouse as a dependent
	+ Dependents can provide: a birth certificate, dependents that are a step child must have a copy of the marriage license and birth certificate. We will consider other legal documentation proving a student is the dependent of an employee.

***THIS FORM IS TO BE COMPLETED BY THE STUDENT***

|  |  |
| --- | --- |
| **Banner ID Number:**       | **Student University Email:**       |
| (Last): |       | (First): |       | (Middle Initial) : |    |
| **Address:**       | **City:**       | **State:**   | **Zip:**       |
| **Home phone number:**     /     -      | **Date of Birth:**    /    /      |
| 1. Are you currently employed by a State of Illinois University? Yes [ ]  No [ ]  |
|  *If yes, in what capacity?* Student/GA[ ]  Faculty [ ]  Admin/Prof Staff [ ]  Civil Service [ ]  |
| 2. Name of University you are employed by: |       |
| 3. Are you an out-of-state resident? | Yes [ ]  No [ ]  |
| 4. Number of credit hours you are registering for: |    |  |  |
| 5. Would you attend a State of Illinois University without this waiver? | Yes [ ]  No [ ]  |
| 6. What academic term are you registering for? |  Fall [ ]  Spring [ ]  Summer [ ]      yr |
|  |  |
| **Please provide the following information for the Parent/Spouse who was employed at SIUE** |
|  |  |
| **Name of employee (parent/spouse):** |       |
| **Banner ID Number:** |       | **Date of Employee’s Death:** |      /     /      |
| **Parent’s/Spouse’s Employee Class:**  | Faculty [ ]  Admin/Prof Staff [ ]  Civil Service [ ]  |
| **Parent’s/Spouse’s Employee Status Prior to being Deceased:** | Employed [ ]  Retired [ ]  On Layoff [ ]   |
| **Relationship of applicant to employee:** | Spouse [ ]  | Natural Child [ ]  | Adopted Child/Legal Guardianship [ ]  | Step Child [ ]  |

**Statement of Draft Compliance**

[ ]  I certify that I am registered with the Selective Service

[ ]  I certify that I am not required to register with the Selective Service because:

[ ]  I am female.

[ ]  I am in the Armed Services on active duty. (NOTE: Does not apply to members of the

 Reserves and National Guard who are not on active duty.)

[ ]  I have not reached my 18th birthday.

[ ]  I was born before 1960.

[ ]  I am a citizen of the Federated States of Micronesia, or the Marshall Islands or a permanent

 resident of the Trust Territory of the Pacific Islands (Palau).

[ ]  I am an international student (applicable only to State of Illinois funded programs.)

[ ]  I am an incarcerated student.
**I DELARE UNDER PENALTY OF PERJURY THAT THE FOREGOING COMPLIANCE STATEMENT IS TRUE AND CORRECT.** I further declare that the application of this waiver serves as both official notification (unless denied) and my acceptance of this waiver. As a recipient of a tuition waiver award from Southern Illinois University Edwardsville. I understand that the University has the legal authority to release my name and address, the name of my former high school or college, the name of my award, and the award amount. This release is valid for the period of time the tuition waiver is in effect. The refusal to accept this agreement will result in a forfeit of the waiver.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR HUMAN RESOURCES OFFICE USE ONLY**

Employee Hire Date:\_\_\_\_\_\_\_\_\_\_\_\_ Eligibility: \_\_Verified \_\_\_\_Denied By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received:\_\_\_\_\_\_\_\_\_\_ Date Entered: \_\_\_\_\_\_\_\_\_\_\_\_ 05/01/2013 – previous versions obsolete

**TUITION WAIVER BENEFIT UTILIZATION RECORD**

**Public Act 90-0282**

Instructions: The following information must be completed by the student, certified by the department responsible for monitoring academic record(s), and attached to the Tuition Waiver Application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** |  | **Birth Date:** | **/  /** |
| **Student Banner ID Number**  |  |
| **Address:** |  | **City:** |  | **State:** |  | **Zip:** |  |
|  **Phone:** | **/****-** |  |
| **Major:** |  | **Expected Date of Graduation:** |  |  |
| **Name of Institution where previously/currently enrolled:** | **Southern Illinois University Edwardsville** |
| Academic terms during which the tuition waiver benefit was utilized (specify total credit hours for which the tuition waiver was applicable – including attempted hours):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Semester | Year | Hours |  | Semester | Year | Hours |
|       |      |       |  |       |      |       |
|       |      |       |  |       |      |       |
|       |      |       |  |       |      |       |
|       |      |       |  |       |      |       |
|       |      |       |  |       |      |       |
|       |       |       |  |       |       |       |

 |
| I hereby declare that all previous or concurrent academic terms, during which the tuition waiver benefit was utilized, are accurately accounted for above. I request and understand that this information may be verified by means of accessing university records and that the total waiver benefit granted to me may not exceed the 4-year limitation established in P.A. 90-0282.  |
|  |
|  |  |  |
| Student Signature |  | Date |
|  |  |  |
| **FOR OFFICE USE ONLY** |
| 50% tuition waiver benefit utilization record confirmation (optional as requested by the tuition waiver granting institution): In accordance with institutional standards for tuition waiver benefit utilization, the record outlined above is correct. |
|  |  |
| Name |  |
|  |  |
|  |  |  |
| Authorized signature of record confirmationEmployee Records |  | Date |

05/01/2013 – previous versions obsolete