

**REQUEST FOR INTERINSTITUTIONAL WAIVER OF TUITION**

**PLEASE NOTE:** Incomplete forms will be returned to the employee. To avoid being incorrectly billed, students should register BEFORE completing the form. Completed forms are to be submitted to the Office of Human Resources. The application must be submitted each semester in order for Human Resources to verify the recipient's employment status and job classification. Applications are due by the 10th day after the start of the semester. Forms received after the deadline may not be processed.

\*Civil Service employees are limited to a maximum of nine credit hours per semester given the employee meets the conditions for admission as prescribed by the Office of Admissions.

\*Faculty, Administrative/Professional Staff, and Retirees can only utilize the waiver at Southern Illinois Edwardsville or Carbondale.

<b>Application for Tuition Waiver at (please select the school you will be attending):</b>	
<input type="checkbox"/> Chicago State University	<input type="checkbox"/> Southern Illinois University-Carbondale
<input type="checkbox"/> Eastern Illinois University	<input type="checkbox"/> University of Illinois-Chicago
<input type="checkbox"/> Governor State University	<input type="checkbox"/> University of Illinois-Springfield
<input type="checkbox"/> Illinois State University	<input type="checkbox"/> University of Illinois-Urbana/Champaign
<input type="checkbox"/> Northeastern Illinois University	<input type="checkbox"/> Western Illinois University
<input type="checkbox"/> Northern Illinois University	

<b>NAME: (Last)</b>		<b>(First)</b>		<b>(Middle)</b>	
<b>Banner ID Number:</b>		<b>Phone Ext</b>		<b>Campus Email</b>	
<b>Department:</b>				<b>Title:</b>	
1. Job Classification: <input type="checkbox"/> Status Civil Service <input type="checkbox"/> Faculty <input type="checkbox"/> Admin/Professional Staff Job Status: <input type="checkbox"/> Active <input type="checkbox"/> Retiree					
2. Employment Status: <input type="checkbox"/> Full-Time OR <input type="checkbox"/> Part-Time &				Percent	
3. Place of Employment			Southern Illinois University Edwardsville		Effective Date of Employment: / /
4. What Semester are you registering for? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer					(year)
5. Program of Study:			<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		

<b>STUDENT ID NUMBER AT UNIVERSITY STUDENT IS ATTENDING:</b>		
<b>Course(s) (Civil Service Employees are limited to two classes a semester)</b>		
1.		<b>CREDIT HOURS: GRAD <input type="checkbox"/> UGRAD <input type="checkbox"/></b>
2.		<b>CREDIT HOURS: GRAD <input type="checkbox"/> UGRAD <input type="checkbox"/></b>
3.		<b>CREDIT HOURS: GRAD <input type="checkbox"/> UGRAD <input type="checkbox"/></b>
4.		<b>CREDIT HOURS: GRAD <input type="checkbox"/> UGRAD <input type="checkbox"/></b>

**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 have not reached my 18th birthday.  I was born before 1960.
- 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 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 DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION 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, 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. I also understand that the value of the tuition waiver for graduate course work over \$5, 250 annually may be reported as taxable wages on Form W-2 and subject to tax withholding.

I have read and agree to abide by all university tuition waiver policies and guidelines..

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Human Resources Office Use Only**

Applicant Information Confirmed/Corrected	Authorized University Signature	Authorized University Printed Name	Title	Date

**Reciprocal Institution**

<b>APPROVAL GRANTED BY:</b>
<b>RECIPROCAL INSTITUTION:</b>