

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.

NAME: (Last) _____ (First) _____ (Middle) _____

Banner ID _____ **Phone: Ext:** _____ **Campus Email:** _____

Department: _____ **Title:** _____

1. Job Classification: Status Civil Service Faculty Admin/Professional Staff
 Job Status: Active Retiree Dependent/Spouse of Deceased
2. Are you an Out of State Resident Yes No
3. Employment Status: Full-Time OR Part-Time & _____ Percent
4. What Semester are you registering for? Fall Spring Summer _____ yr.
5. Undergraduate Graduate
6. Program of Study _____

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 DECLARE 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, 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:** _____

Approval of this application by the supervisor and the departmental executive officer or fiscal officer certifies that the employee's course work attendance is in compliance with University Policy and that schedules for make-up time (if required) for courses taken during basic work hours will be maintained at the employing department. Please refer to the appropriate union contract or contact The Office of Human Resources for assistance.

I plan on taking classes during my normal work hours: Yes No

****If employee plans to take classes during their normal work hours the immediate supervisor and department executive officer/fiscal officer must sign to approve the hours away from work. Employee must present class schedule to supervisor for approval for each semester to take classes during scheduled work hours.**

****If employee is not taking classes during normal work hours (i.e. before/after work) signatures are not required**

<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove		
		Signature of Immediate Supervisor	DATE:
<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove		
		Signature of Dept. Exec. Officer/Fiscal Officer	DATE:

FOR HUMAN RESOURCES OFFICE USE ONLY

<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove		
		Signature of Authorized HR Personnel	DATE: