

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

PLEASE NOTE: If form is incomplete or support is not attached, then you will be notified. You must register BEFORE completing the form. Submit completed forms to the Office of Human Resources. **The application must be submitted each semester for verification of current 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.

First time users of the dependent waiver must submit a copy of the birth certificate

If the dependent is a step child we must have a copy of the marriage license and birth certificate for first time use

Student Information

Name: (Last) _____ (First) _____

Banner ID (800 #): _____ SIUE Email: _____@siue.edu Phone Number: _____

Address: _____ City, State, Zip: _____

Student Eligibility Criteria (Only one semester may be selected per tuition waiver)

Date of Birth: ____/____/____

What semester are you registering for? Fall Spring Summer _____ Year

Program of Study: _____ Undergraduate Graduate
(Aviation, Dental, Law, Medicine and Pharmacy are excluded)

Number of credit hours registering for? _____

HR Review

Information of Parent/Spouse who was employed at SIUE

Name: (Last) _____ (First) _____

SIUE Banner ID (800 #) or Social Security # (if employed before 2008): _____

Employment Eligibility Criteria

Employee Class: Faculty Admin/Prof Staff Status Civil Service

Employee Status: Currently Employed Retired On Layoff Deceased

If you are a Term Employee, are you currently on an active contract? Yes No

Relationship of applicant to employee: Biological Child Adopted Child Step Child Spouse

HR Review

Statement of Compliance (if first time use - provide copy of Selective Service card or screen print of online verification from www.sss.gov/Home/Verification)

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 not on active duty.)
- I am an International student who entered the US after the age of 26.
- 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 have read and agree to abide by all university tuition waiver policies and guidelines. http://www.siue.edu/humanresources/benefits/tuition_waiver.shtml. I 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 further declare under penalty of perjury that the foregoing information is true and correct. 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.

By signing below, I declare that all information provided is accurate to the best of my knowledge.

DEPENDENT/SPOUSE SIGNATURE: _____ DATE: _____

_____ Approve _____ Disapprove	_____ Signature of Authorized HR Personnel	_____ Date:
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