

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? \_\_\_\_\_

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**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

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**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](http://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](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: