

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 waiver 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.

*Civil Service employees are limited to a maximum of nine hours per semester given the employee meets the conditions for admission.

Employee Information

Name: (Last) _____ (First) _____
 University ID (Employing Univ.): _____ Campus Phone: _____
 Department: _____ Title: _____

Place of Employment

- | | | |
|---|--|--|
| <input type="checkbox"/> Chicago State University | <input type="checkbox"/> Eastern Illinois University | <input type="checkbox"/> Governor State University |
| <input type="checkbox"/> Illinois State University | <input type="checkbox"/> Northeastern Illinois University | <input type="checkbox"/> Northern Illinois University |
| <input type="checkbox"/> So. Illinois University Carbondale | <input type="checkbox"/> SIU - School of Medicine | <input type="checkbox"/> University of Illinois -Chicago |
| <input type="checkbox"/> University of Illinois - Springfield | <input type="checkbox"/> University of IL – Urbana/Champaign | <input type="checkbox"/> Western Illinois University |

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

Job Status: Active
 Employment Status: Full-Time Part-Time & _____ Percent
 Job Classification: Status Civil Service Faculty Admin/Professional Staff
 Effective Date of Employment: _____
 What semester are you registering for? Fall Spring Summer _____ Year
 Program of Study: _____ Undergraduate Graduate
(Aviation, Dental, Law, Medicine and Pharmacy are excluded)
 SIUE Banner ID (800 #): _____ Number of credit hours registering for? _____

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 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.siu.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.

EMPLOYEE SIGNATURE: _____ DATE: _____

For Human Resources Of Employing University Office Use Only

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

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