

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

**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

**Employee Information**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
 Banner ID: \_\_\_\_\_ Phone: \_\_\_\_\_ Campus: \_\_\_\_\_  
 Department: \_\_\_\_\_ Title: \_\_\_\_\_

**Employment Information (Minimum Criteria)**

Job Status:  Active  Retiree  Dependent/Spouse of Deceased  
 Employment Status:  Full-Time  Part-Time & \_\_\_\_\_ Percent  
 What semester are you registering for?  Fall  Spring  Summer \_\_\_\_\_ Year  
 Program of Study: \_\_\_\_\_  Undergraduate  Graduate  
(Aviation, Dental, Law, Medicine and Pharmacy are excluded)  
 If you are a Term Employee, are you currently on an active contract?  Yes  No

HR Review

**Application for Tuition Waiver at (please select the school you will be attending):**

**Status Civil Service:**

- |   |   |   |
|---|---|---|
| <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"/> So. Illinois University Edwardsville | <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      |

**Administrative/Professional Staff & Faculty:**

- Southern Illinois University - Carbondale  Southern Illinois University - Edwardsville

**Statement of 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 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. Tuition waiver policies can be found on the Human Resources website at <http://www.siu.edu/human-resources/benefits/programs-and-services/index.shtml>. 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 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.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>FOR HUMAN RESOURCES OFFICE USE ONLY</b>			
_____ Approve	_____ Disapprove	_____	_____
Signature of Authorized HR Personnel			DATE: