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**APPLICATION FOR TUITION WAIVER BY A DEPENDENT OR SPOUSE OF A DECEASED EMPLOYEE OF**

**SOUTHERNN ILLINOIS UNIVERSITY EDWARDSVILLE**

**PLEASE NOTE:** Incomplete forms will be returned to the employee and dependent. 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.

* If this is the first year/semester completing this form, we must receive proof of your relationship to the employee:
	+ Spouses can provide: Marriage Certificate, Civil Union Partnership Certificate or Tax Return showing the spouse as a dependent
	+ Dependents can provide: a birth certificate, dependents that are a step child must have a copy of the marriage license and birth certificate. We will consider other legal documentation proving a student is the dependent of an employee.

***THIS FORM IS TO BE COMPLETED BY THE STUDENT***

|  |  |
| --- | --- |
| **Banner ID Number:**       | **Student University Email:**       |
| (Last): |       | (First): |       | (Middle Initial) : |    |
| **Address:**       | **City:**       | **State:**   | **Zip:**       |
| **Home phone number:**     /     -      | **Date of Birth:**    /    /      |
| 1. Are you currently employed by a State of Illinois University? Yes [ ]  No [ ]  |
|  *If yes, in what capacity?* Student/GA[ ]  Faculty [ ]  Admin/Prof Staff [ ]  Status Civil Service [ ]  |
| 2. Name of University you are employed by: |       |
| 3. Are you an out-of-state resident? | Yes [ ]  No [ ]  |
| 4. Number of credit hours you are registering for: |  |  |
| 5. Would you attend a State of Illinois University without this waiver? | Yes [ ]  No [ ]  |
| 6. What semester are you registering for? |  Fall [ ]  Spring [ ]  Summer [ ]      yr. |
|  |  |
| **Please provide the following information for the Parent/Spouse who was employed at SIUE** |
|  |  |
| **Name of employee (parent/spouse):** |       |
| **Banner ID Number:** |       | **Date of Employee’s Death:** |      /     /      |
| **Parent’s/Spouse’s Employee Class:**  | Faculty [ ]  Admin/Prof Staff [ ]  Civil Service [ ]  |
| **Parent’s/Spouse’s Employee Status Prior to being Deceased:** | Employed [ ]  Retired [ ]  On Layoff [ ]   |
| **Relationship of applicant to employee:** | Spouse [ ]  | Natural Child [ ]  | Adopted Child/Legal Guardianship [ ]  | Step Child [ ]  |
| **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 am an incarcerated student.**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 Edwardsville. 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 have read and agree to abide by all university tuition waiver policies and guidelines. |
| Applicant Signature: |  |  | Date:  |  |
|  |  |  |
| **FOR HUMAN RESOURCES OFFICE USE ONLY** |
| [ ]  | Approve | [ ]  | Disapprove |  |  |  |
|   |  | Signature of Authorized HR Personnel |  | DATE: |