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**Application for Interinstitutional 50% Waiver of Undergraduate Tuition**

**By a Child of a 7 Year Illinois University Employee Attending another State University**

**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.

* If this is the *first semester* a dependent is completing this waiver to attend Southern Illinois University Edwardsville, we must receive 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*.

***THIS FORM IS TO BE COMPLETED BY THE STUDENT (Must complete all pages)***

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| **Application for 50% Tuition Waiver at (please select the school you will be attending):** | | | |
|  | Chicago State University |  | Southern Illinois University-Carbondale |
|  | Eastern Illinois University |  | Southern Illinois University-Edwardsville |
|  | Governor State University |  | University of Illinois-Chicago |
|  | Illinois State University |  | University of Illinois-Springfield |
|  | Northeastern Illinois University |  | University of Illinois-Urbana/Champaign |
|  | Northern Illinois University |  | Western Illinois University |

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| **Student ID Number at University Student is attending (required):** | | | | | | | | |  | | | | | | |
| (Last): | |  | (First): | | |  | | | | | | (Middle Initial) : | | |  |
| **Address:** | | | | | **City:** | | | | | **State:** | | | | **Zip:** | |
| **Home phone number:**     /     - | | | | | | | **Date of Birth:**    /    / | | | | | | | | |
| **Student’s Campus Address:** | | | |  | | | | | | | | | | | |
| **City:** |  | | | **State:** | | | |  | | | **Zip:** | |  | | |
| **Student’s Permanent Address:** | | | |  | | | | | | | | | | | |
| **City:** |  | | | **State:** | | | |  | | | **Zip:** | |  | | |
| |  |  | | --- | --- | | **What semester are you registering for?** | **Fall**  **Spring**  **Summer**  **yr** | | | | | | | | | | | | | | | | |
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| 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 hereby declare that the **Student Certification of Registration Compliance** is true and correct and that I am a child or stepchild who is eligible for the 50% tuition waiver pursuant to P.A. 90-0282 and related policies/procedures. I request and understand that this information will be verified by accessing university records, and that total partial undergraduate tuition waiver benefits granted to me may not exceed the 4-year limitation established in P.A. 90-0282. In the event this application contains any false statements, errors or omissions pertaining to my parent's service record or in the event total partial undergraduate tuition waiver benefits among eligible institutions exceed the 4-year limitation, I will be responsible for the full value of any ineligible benefits that I may have received. | | | | | | | | | | | | | | | | | |
| I have read and agree to abide by all university tuition waiver policies and guidelines. | | | | | | | | | | | | | | | | | |
| I understand that a separate **"Tuition Waiver Benefit Utilization Record"** must be completed for each institution in which I have been enrolled while utilizing these tuition waiver benefits, that the tuition waiver benefit utilization record may be subject to verification by the tuition waiver granting institution, and that tuition waiver approval protocols shall be subject to individual university policies. (See attached policy statement for additional information.) | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | |

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| Applicant Signature: |  |  | Date: |  |

**Parent’s Disclosure/Certification of Illinois Public University Employment**

***Instructions:*** Please complete the following information as thoroughly as possible. All items must be completed. Percentage and dates of employment must be listed for each position claimed. The *human resource or personnel office* at listed universities may formally confirm the employment record and/or parent/child relationship through the use of University employment/benefit records at all locations for which employment credit is claimed. Confirmation procedures may require additional documentation.

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| **Student ID Number at University Student is attending (required):** | | | |  | | |
| (Last): |  | (First): |  | | (Middle Initial) : |  |

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| **University at which the employee is currently employed: Southern Illinois University Edwardsville** |

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| Qualified Employee (Parent) Name: |  |
| University ID Number at Employing University: |  |
| Work Phone: |  |
| Parent’s Employee Class: | Faculty  Admin/Prof Staff  Status Civil Service |
| Parent’s Employee Status: | Currently Employed  Retired  On Layoff  Deceased |

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| **Public University Employment History**  **To be completed by Applicant/Parent (use additional sheet if necessary)\_** | | | |
| **Institution (branch or location, list current employer first)** | **Start Date (mm/dd/yy)** | **End Date (mm/dd/yy)** | **Percent of Employment** |
|  | /     / | /     / |  |
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|  | /     / | /     / |  |
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**I hereby declare that this student is my child or stepchild. All information provided is accurate to the best of my knowledge.**

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *FOR OFFICE USE ONLY* | | | | |
| ***Applicant Information Confirmed/Corrected*** | ***Authorized University Signature*** | ***Authorized University Printed Name*** | ***Title*** | ***Date*** |
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| **Account #** |  | **Amount:** |  | **HR Initials** |  | **Date:** |  |

**TUITION WAIVER BENEFIT UTILIZATION RECORD**

**Public Act 90-0282**

Instructions: The following information must be completed by the student, certified by the department responsible for monitoring academic record(s), and attached to the Tuition Waiver Application in the event that you have (are) already accessed(ing) the 50% tuition waiver benefit at Southern Illinois University Edwardsville and/or another Illinois public university.

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| Student Name: | |  | | Birth Date: | | | | | | /  / | | | | | | | |
| Student ID Number at University Student is attending (required): | | | | | | | | | |  | | | | | | | |
| Address: | |  | | | City: | | | |  | | | State: | |  | Zip: | |  |
| Phone: | | /   - |  | | | | | | | | | | | | | | |
| Application for 50% Tuition Waiver at (name of university): | | | | | | |  | | | | | | | | | | |
| Major: |  | | Expected Date of Graduation: | | | | | | | |  | | | | |  | |
| Name of Institution where previously/currently enrolled: | | | | | |  | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Application for 50% Tuition Waiver at (please select all schools you have utilized the waiver at):** | | | | |  | Chicago State University |  | Southern Illinois University-Carbondale | |  | Eastern Illinois University |  | Southern Illinois University-Edwardsville | |  | Governor State University |  | University of Illinois-Chicago | |  | Illinois State University |  | University of Illinois-Springfield | |  | Northeastern Illinois University |  | University of Illinois-Urbana/Champaign | |  | Northern Illinois University |  | Western Illinois University |   Academic terms during which the 50% tuition waiver benefit was utilized at any Illinois Public University (specify total credit hours for which the 50% tuition waiver was applicable – including attempted hours):   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | University | Semester | Year | Hours |  | University | Semester | Year | Hours | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | |
| I hereby declare that all previous or concurrent academic terms, during which the 50% tuition waiver benefit was utilized, are accurately accounted for above. I request and understand that this information may be verified by means of accessing university records and that the total partial undergraduate tuition waiver benefit granted to me may not exceed the 4-year limitation established in P.A. 90-0282. A separate "Tuition Waiver Benefit Utilization Record" must be completed for each institution in which the student has been enrolled while utilizing tuition waiver benefits pursuant to P.A. 90-0282. | | | | | | | | | | | | | | | | | |
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| Student Signature | | | | | | | |  | | | | Date | | | | | |
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| **FOR OFFICE USE ONLY** | | | | | | | | | | | | | | | | | |
| 50% tuition waiver benefit utilization record confirmation (optional as requested by the tuition waiver granting institution): In accordance with institutional standards for tuition waiver benefit utilization, the record outlined above is correct. | | | | | | | | | | | | | | | | | |
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| Name | | | | | | | |  | | | | | | | | | |
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| Authorized signature of record confirmation  Employee Records | | | | | | | |  | | | | | Date | | | | |