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**REQUEST FOR INTERINSTITUTIONAL WAIVER OF TUITION**

**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

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 credit hours per semester given the employee meets the conditions for admission as prescribed by the Office of Admissions.

\*Faculty, Administrative/Professional Staff, and Retirees can only utilize the waiver at Southern Illinois Edwardsville or Carbondale.

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| **Application for Tuition Waiver at:** | **Southern Illinois University Edwardsville** |

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| **NAME:** (Last) | | | |  | | | | (First) | | | | |  | | | | | | | | | (Middle) | |  |
| **University ID Number at Employing University:** | | | | | | |  | | | | | | | | **Campus Phone:** | | | | |  | | | | |
| **Department:** | | | | | | |  | | | | | **Title:** | | | | |  | | | | | | | |
| **1.** Job Classification:  Status Civil Service  Faculty  Admin/Professional Staff  Job Status:  Active  Retiree  Dependent/Spouse of Deceased | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.** Employment Status:  Full-Time OR  Part-Time & | | | | | | | | | | | | | |  | | | | Percent | | | | | | |
|  | | | | | | | | | | | | | |  | | | |  | | | | | | |
| **3. Place of Employment** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Chicago State University | | | | | | |  | | Southern Illinois University-Carbondale | | | | | | | | | | | | | | |
|  | Eastern Illinois University | | | | | | |  | | Southern Illinois University-School of Medicine | | | | | | | | | | | | | | |
|  | 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 | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | |
| Effective Date of Employment: | | | | | | ***/***  ***/*** | | | | | | | | | | | | | | | | | | |
| **4.** What semester are you registering for?  Fall  Spring  Summer | | | | | | | | | | | | | | | | | | | | |  | | (year) | |
| **5.** Program of Study: | | | | |  | | | | | | | | | | | Undergraduate  Graduate | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT ID NUMBER AT UNIVERSITY STUDENT IS ATTENDING (Banner ID):** | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Course(s) (Civil Service Employees are limited to two classes a semester)** | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | |  | | | | | | | **CREDIT HOURS:** **GRAD**  **UGRAD** | | | | | | | | | | | | | | | |
| **2.** | |  | | | | | | | **CREDIT HOURS:    GRAD  UGRAD** | | | | | | | | | | | | | | | |
| **3.** | |  | | | | | | | **CREDIT HOURS:    GRAD  UGRAD** | | | | | | | | | | | | | | | |
| **4.** | |  | | | | | | | **CREDIT HOURS:    GRAD  UGRAD** | | | | | | | | | | | | | | | |

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION 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, 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 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.

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| I have read and agree to abide by all university tuition waiver policies and guidelines. |

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| Employee Signature: |  | Date: |  |

**For Human Resources Office Use Only**

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| ***Applicant Information Confirmed/Corrected*** | ***Authorized University Signature*** | ***Authorized University Printed Name*** | ***Title*** | ***Date*** |
|  |  |  |  |  |
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**Reciprocal Institution**

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| **APPROVAL GRANTED BY:** |
| **RECIPROCAL INSTITUTION:** |