

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 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 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.

Student Information

Name: (Last) _____ (First) _____
Banner ID (800 #): _____ SIUE University Email: _____ Phone Number: _____
Address: _____ City, State, Zip: _____

Minimum Criteria

Date of Birth: _____
What semester are you registering for? ☐ Fall ☐ Spring ☐ Summer _____ Year
Program of Study: _____ ☐ Undergraduate ☐ Graduate
(Aviation, Dental, Law, Medicine and Pharmacy are excluded)
Number of credit hours registering for? _____

HR Review

Information of Parent/Spouse who was employed at SIUE

Name: (Last) _____ (First) _____
SIUE Banner ID (800 #): _____

Minimum Criteria

Date of Employee's Death: _____
Employee Class: ☐ Faculty ☐ Admin/Prof Staff ☐ Status Civil Service
Employee Status: ☐ Currently Employed ☐ Retired ☐ On Layoff ☐ Deceased
If you are a Term Employee, are you currently on an active contract? ☐ Yes ☐ No
Relationship of applicant to employee: ☐ Biological Child ☐ Adopted Child ☐ Step Child ☐ Spouse

HR Review

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: _____

FOR HUMAN RESOURCES OFFICE USE ONLY

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