

PLEASE NOTE: If form is incomplete or support is not attached, then you will be notified. You must register BEFORE completing the form. Submit completed forms to the Office of Human Resources. **The waiver must be submitted each semester for verification of current 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.

First time users of the dependent waiver must submit 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 for first time use

Student Information

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

Student Eligibility Criteria *(Only one semester may be selected per tuition waiver)*

Date of Birth: _____

What semester are you registering for? Fall Spring Summer _____ Year

Program of Study: _____ Undergraduate
(Aviation, Dental, Law, Medicine and Pharmacy are excluded)

Number of credit hours registering for? _____

Have you attempted 130 or more credit hours using the dependent tuition waiver? Yes No

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 am in the Armed Services on active duty.
 - 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. http://www.siu.edu/humanresources/benefits/tuition_waiver.shtml. I 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 further 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.

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.)

By signing below, I declare that all information provided is accurate to the best of my knowledge.

STUDENT SIGNATURE: _____ **DATE:** _____

_____ Approve	_____ Disapprove	
_____ Signature of Authorized HR Personnel		_____ 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.

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

University at which the employee is currently employed:

- | | | |
|---------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|
| <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"/> SIU - School of Medicine | <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 |

Employee Information

Name: (Last) _____ (First) _____
 University ID at Employing Univ: _____
 Work Phone: _____ Work Email: _____

Minimum Criteria

- Parent's Employee Class: Faculty Admin/Prof Staff Status Civil Service
- Parent's Employee Status: Currently Employed Retired On Layoff Deceased
- Relationship of applicant to employee: Biological Child Adopted Child Step Child

HR Review

Public University Employment History			
To be completed by Applicant/Parent (use additional sheet if necessary)			
<u>Institution</u> <small>(branch or location, list current employer first)</small>	<u>Start Date (mm/dd/yy)</u>	<u>End Date (mm/dd/yy)</u>	<u>Percent of Employment</u>

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: _____

For Human Resources of Employing University Office Use Only

Applicant Information Confirmed/Corrected	Authorized University Signature	Authorized University Printed Name	Title	Date