

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) \_\_\_\_\_  
 Attending University ID: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Minimum Criteria**

Date of Birth: \_\_\_\_\_ HR Review  
 What semester are you registering for?  Fall  Spring  Summer \_\_\_\_\_ Year  
 Program of Study: \_\_\_\_\_  Undergraduate  Graduate  
(Aviation, Dental, Law, Medicine and Pharmacy are excluded)


**Application for Tuition Waiver at (please select the school you will be attending):**

**Status Civil Service:**

- |   |  |   |
|---|--|---|
| <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"/> Western Illinois University         | <input type="checkbox"/> University of Illinois - Chicago |
| <input type="checkbox"/> University of Illinois - Springfield | <input type="checkbox"/> University of IL – Urbana/Champaign |   |

**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.

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.)

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>FOR HUMAN RESOURCES OFFICE USE ONLY</b>			
_____ 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.

<b>Student ID Number at University Student is attending (required):</b>			
(Last):		(First)	(Middle Initial) :

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

**Employee Information**

**Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
**SIUE University ID:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Minimum Criteria**

<b>Parent's Employee Class:</b> Faculty <input type="checkbox"/> Admin/Prof Staff <input type="checkbox"/> Status Civil Service <input type="checkbox"/> <b>Parent's Employee Status:</b> Currently Employed <input type="checkbox"/> Retired <input type="checkbox"/> On Layoff <input type="checkbox"/> Deceased <input type="checkbox"/> <b>Relationship of applicant to employee:</b> Biological Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Step Child <input type="checkbox"/>	HR Review <table border="1" style="width:100%; height: 60px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			

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

**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 OFFICE USE ONLY*

<b><i>Applicant Information Confirmed/Corrected</i></b>	<b><i>Authorized University Signature</i></b>	<b><i>Authorized University Printed Name</i></b>	<b><i>Title</i></b>	<b><i>Date</i></b>

<b>Account #</b>		<b>Amount:</b>		<b>HR Initials</b>		<b>Date:</b>	
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**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.

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: \_\_\_\_\_

<b>Application for 50% Tuition Waiver at (please select all schools you have utilized the waiver at):</b>			
<input type="checkbox"/>	Chicago State University	<input type="checkbox"/>	Southern Illinois University-Carbondale
<input type="checkbox"/>	Eastern Illinois University	<input type="checkbox"/>	Southern Illinois University-Edwardsville
<input type="checkbox"/>	Governor State University	<input type="checkbox"/>	University of Illinois-Chicago
<input type="checkbox"/>	Illinois State University	<input type="checkbox"/>	University of Illinois-Springfield
<input type="checkbox"/>	Northeastern Illinois University	<input type="checkbox"/>	University of Illinois-Urbana/Champaign
<input type="checkbox"/>	Northern Illinois University	<input type="checkbox"/>	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.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**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.

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Authorized signature of record confirmation  
 Employee Records

\_\_\_\_\_  
 Date