SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

APPLICATION FOR INTERINSTITUTIONAL 50% WAIVER OF UNDERGRADUATE TUITION BY A CHILD OF A 7 YEAR SIUE EMPLOYEE ATTENDING ANOTHER STATE UNIVERSITY

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

HR Review

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)

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

Status Civil Service:

☐ Chicago State University ☐ Eastern Illinois University ☐ Governor State University
☐ Illinois State University ☐ Northeastern Illinois University ☐ Northern Illinois University
☐ So. Illinois University Carbondale ☐ Western Illinois University ☐ University of Illinois - Chicago
☐ University of Illinois - Springfield ☐ 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 polices can be found on the Human Resources website at http://www.siue.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:** _____

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_____ 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: Southern Illinois University Edwardsville

Employee Information

Name: (Last) _____ (First) _____

SIUE University ID: _____ **Phone:** _____

Address: _____ **City, State, Zip:** _____

Minimum Criteria

	HR Review
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 ☐	

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**

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

Account #		**Amount:**		**HR Initials**		**Date:**	

TUITION WAIVER BENEFIT UTILIZATION RECORD

Public Act 90-0282

<u>Instructions</u>: 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: _____

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 <u>any</u> 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

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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   Date
Employee Records