

Important Information about Tuition Waivers:

Employee Records enters tuition waivers in the Bursar's Student Information System (Banner) as they are received. However, Banner requires two additional processing steps before the waiver credit is actually applied to your Bursar account.

- First, any waivers entered during the week are transferred to the Bursar system during the weekend process. This is only done once per week.
- Second, **waiver credits are not scheduled to post to your account until approximately 10 days before each semester begins.** It is only at this time that your accounts will reflect the waiver credit.

Your Bursar bill will not reflect the tuition waiver credit until after these processes are complete (even if you have submitted your waiver application and it has been entered in Banner).

**Application (PUBLIC ACT 90-0282)
Interinstitutional 50% Tuition Waiver for Children of Public University Employees**

APPLICATION for 50% Tuition Waiver at (name of university/campus): _____

Semester and year for which request is made: Fall _____ Spring _____ Summer _____

Student Name: _____ Birthdate: _____ Dawgtag: _____ Phone: _____

Student Campus Address: _____

Student Permanent Address: _____ City: _____ State: _____ Zip: _____

Student Certification of Registration Compliance & Acknowledgement of Policies

I hereby declare that the **Student Certification of Registration Compliance** is true and correct and that I am a child or stepchild who is eligible for the 50% tuition waiver pursuant to P.A. 90-0282 and related policies/procedures. I request and understand that this information will be verified by accessing university records, and that total partial undergraduate tuition waiver benefits granted to me may not exceed the 4-year limitation established in P.A. 90-0282. In the event this application contains any false statements, errors or omissions pertaining to my parent's service record or in the event total partial undergraduate tuition waiver benefits among eligible institutions exceed the 4-year limitation, I will be responsible for the full value of any ineligible benefits that I may have received. I understand that this waiver applies only to undergraduate coursework.

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.)

Application of this waiver serves as both my official notification (unless denied) and my acceptance of this waiver. As an applicant for or the 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 am under the age of 25, as of the commencement of the academic year in which the benefit is being claimed.

Student Signature: _____ 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.

Qualified Employee(Parent) Name: _____ AIS/Emp #: _____ Work Phone: _____

Employing University: _____ Category: Faculty Administrative Professional Civil Service

I hereby declare that this student is my child or stepchild. Employee signature is not required as a condition of student eligibility.

Employee Signature _____ Date: _____

To Be Completed by Applicant/Parent (use additional sheet if necessary)

Institutional (branch or location) (list current employer first)	Inclusive Dates of Employment	Percent of Employment
_____	_____	_____
_____	_____	_____

FOR OFFICE USE ONLY

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

Account #: _____ Amount #: _____ Function #: _____ F.A. Initials: _____ Date: _____

Return to HR Employee Records via Fax, 618-453-2038 or email to: hrtuitionwaivers@siu.edu

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 another Illinois public university.

Student Name: _____ Birthdate: _____ Dawgtag: _____

Address: _____ City: _____ State: _____ Zip: _____ Local Phone #: _____

Application for 50% Tuition Waiver at (name of university): _____

Major: _____ Expected Graduation Date: _____

Name of Institution where previously enrolled: _____

Academic terms during which the 50% tuition waiver benefit was utilized at another Illinois Public University (specify total credit hours for which the 50% tuition waiver was applicable):

Sem,/Year	Hours	Sem,/Year	Hours	Sem,/Year	Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I have only used the 50% waiver benefit at Southern Illinois University Carbondale.

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
Employee Records

Date