SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

APPLICATION FOR TUITION WAIVER BY A DEPENDENT OR SPOUSE OF A DECEASED EMPLOYEE OF SIUE

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.

| Studen | t Information | | |
|---|---|-----------------------------------|---|
| Name: (l | Last) | (First) | |
| Banner I | ID (800 #): SIUE University E | mail: | Phone Number: |
| Address | | | · · |
| Minimur | m Criteria | | |
| Date of B | | | HR Review |
| | | o : | <u> </u> |
| | of Study: | Spring | Year Graduate |
| _ | (Aviation, Dental, Law, Medicine and Pharmacy are excl | uded) Uded) | Graduate |
| Number | of credit hours registering for? | | |
| Informa | ation of Parent/Spouse who was employed | at SIUE | |
| Name: (| Last) | (First) | |
| SIUE Ba | anner ID (800 #): | | |
| Minimun | n Criteria | | |
| wiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | Ontena | | HR Review |
| | imployee's Death: | 0 0 0 | |
| Employe | e Class: | | |
| Employee | e Status: | On Layoff Decea | sed |
| If you are | e a Term Employee, are you currently on an active co | ontract? Yes [| □No □ |
| Relations | ship of applicant to employee: 🗌 Biological Child 📗 | Adopted Child 🔲 Step | o Child Spouse |
| Statom | ent of Compliance | | |
| | y that I am registered with the Selective Service | | |
| = | y that I am not required to register with the Selective Service be | cause: | |
| | I am female. I have not reached my 18th birth | | was born before 1960. |
| | I am in the Armed Services on active duty. (NOTE: Does not ap | oply to members of the Reser | ves 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 Mar Islands (Palau). | shall islands or a permanent | resident of the Trust Territory of the Pacific |
| □ I have re | ead and agree to abide by all university tuition waiver policies a | nd guidelines. Tuition waiver | polices can be found on the Human Resources |
| | http://www.siue.edu/human-resources/benefits/programs-and-s | - | |
| | icial notification (unless denied) and my acceptance of this waiv | | - |
| | d that the University has the legal authority to release my name If the award amount. This release is valid for the period of time t | | |
| a forfeit of t | | ne tuition waiver is in ellect. T | The refusal to accept this agreement will result in |
| | re under penalty of perjury that the foregoing information is true rk over \$5, 250 annually may be reported as taxable wages on | | |
| | ADLOVEE GIOVATUDE | • | DATE: |
| EIV | IPLOYEE SIGNATURE: | | |
| | FOR HUMAN RESOUR | RCES OFFICE USE ONL' | Y |
| | Approve Disapprove | | |
| _ | | ture of Authorized HP Person | nol Date: |