

ILLINOIS STATE UNIVERSITY

APPLICATION FOR GRADUATE TUITION WAIVER

Mail to Department or Appointing Unit

DEPARTMENT OR FIELD OF STUDY	APPLYING FOR TERM YEAR <input type="checkbox"/> Fall (August) <input type="checkbox"/> Summer Beginning (check one) 20___ <input type="checkbox"/> Spring (January)
NAME	UNIVERSITY IDENTIFICATION NUMBER
PRESENT ADDRESS (Street)	E-MAIL ADDRESS
(City) (State) (zip)	AREA CODE AND TELEPHONE
PERMANENT ADDRESS (Street)	
(City) (State) (zip) AREA CODE AND TELEPHONE	
I PLAN TO WORK TOWARD THE DEGREE: <input type="checkbox"/> Master's <input type="checkbox"/> MFA <input type="checkbox"/> SSP <input type="checkbox"/> Doctoral Illinois Resident <input type="checkbox"/> Illinois Non-Resident <input type="checkbox"/> (For residency guidelines see http://www.arr.ilstu.edu/Registrar/forms)	
HIGHEST DEGREE EARNED	YEAR DEGREE GRANTING INSTITUTION
NUMBER OF HOURS EARNED ABOVE HIGHEST DEGREE	STATUS AT ILLINOIS STATE UNIVERSITY <input type="checkbox"/> Admitted to Graduate School Degree Program in _____ <input type="checkbox"/> Applying for Admission <input type="checkbox"/> Have not applied for Admission
UNDERGRADUATE MAJOR	MINOR
LIST ANY SPECIAL HONORS OR AWARDS YOU HAVE RECEIVED IN ACADEMIC WORK	

Briefly state your goals in graduate work:

Reason for requesting Graduate Tuition Waiver:

Academic/performance merit
 Financial need
 Other (specify) _____

Public Act 85-827 - Educational Loans requires that applicants for employment certify whether or not they are in default for a period of six months or more and for \$600 or more on the repayment of an educational loan. If an employee fails to establish a satisfactory repayment arrangement within six months, the University must terminate the individual's employment.

I attest that I am not I am in default on any such loan.

Graduate Tuition Waiver Awards: Graduate Tuition Waivers are awarded on a competitive basis by departments/schools offering graduate programs and by the International Studies Office to students who show promise for success and who have not received a fellowship or other award funding tuition costs. Tuition waivers cover tuition only. The student must pay additional required fees.

Please complete next page

Grad Sch/ks/10/16/06

Graduate Tuition Waiver Application Criteria and Procedures:

1. Tuition Waivers are awarded to students in accordance with specific criteria established by each academic or administrative unit (Graduate School, International Studies - only).
2. Graduate students applying for tuition waivers after having taken graduate courses in a degree program must have a minimum of 3.0 graduate GPA.
3. Send this application to the department/school offering the tuition waiver. **Check with dept./school for preferred filing deadlines.**
4. Indicate total number of hours expected to be enrolled for the term you are applying. _____
5. How many hours are you requesting for tuition waiver? _____
6. Are you eligible to be reimbursed for tuition in any other way? _____

I certify that the information on this application is correct. I authorize release for university use of this and other information to verify my eligibility for a Graduate Tuition Waiver. I verify that I meet the above criteria.

X _____
Student Signature Date

FOR GRADUATE DEPARTMENT USE ONLY

Admitted to Degree Program: (circle one) Y N

Type of Admission: (circle one) Full Certificate Probationary Provisional Student-at-Large

GMAT / GRE Score _____

For New students: Cumulative GPA for last 60 hours of undergraduate degree: _____

For Current ISU student: Cumulative GPA: _____ Hours completed in ISU program: _____

Student meets University and departmental criteria for award: (circle one) Y N

Student is recommended for award: (circle one) Y N

X _____
Signature of Graduate Coordinator or Departmental Representative Date

Reason for Denial _____

Student granted Graduate Tuition Waiver :

Notification sent to student: (circle one) Y N Date sent: _____

X _____
Signature of Department Chair or Departmental Representative Date

Illinois State University is committed to providing equal opportunity and an educational and work environment for its students, faculty, and staff free from any discrimination based on race, color, religion, sex, national origin, sexual orientation, ancestry, age, marital status, physical or mental disability, unfavorable discharge from military, or status as disabled veteran or veteran of the Vietnam Era. The office for Diversity and Affirmative Action is responsible for administering and monitoring Illinois State University's Affirmative Action Plan, Plan for Diversity and the equal opportunity/affirmative action policies and procedures. Inquiries about or complaints alleging violation of the University's equal opportunity/affirmative action policies should be directed to the Office for Diversity and Affirmative Action, Campus Box 1280, Normal, IL 61790-1280. (309) 438-3383, TTY (309) 438-2554. The coordinators for Title IX and the ADA/504 maybe reached at the same office.

Also complete *Statement Of Registration Compliance* form (next page) or available in your departmental office

ILLINOIS STATE UNIVERSITY

STATEMENT OF REGISTRATION COMPLIANCE FOR STATE OF
ILLINOIS SCHOLARSHIP / GRANT RECIPIENTS
Academic Period Covered by Awards: July 1 to June 30

Please complete this form and **return it to your department/school or appointing unit within thirty (30) days**. Failure to do so will keep your military award(s) and/or other state scholarship(s) from being credited to your student account. If funds have already been credited to your account, they will be debited and your next bill will show a balance owed.

University Identification Number: _____ - _____ - _____

Name: _____

Selective Service registration. You will not receive federal, state or other financial aid offered you unless you complete this form and, if required, furnish proof to Illinois State University supporting your answer. **Mark ONE response. Do not leave blank.**

1. I **certify** that I am registered with the Selective Service; OR
2. I **certify** that I am not required to be registered with the Selective Service because:
 - a. I am female.
 - b. I have not reached my 18th birthday.
 - c. I was born before 1960.
 - d. I am in the armed services of the U.S. on active duty. NOTE: Members of the Reserves or National Guard are not considered to be "on active duty."
 - e. I am a permanent resident of the Federated States of Micronesia, the Marshall Islands or Palau.
 - f. I am not a citizen of the United States of America.
 - g. I am age 26 or over and gained United States citizenship on or after age 26.

Warning: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Signing this statement certifies that all information reported is true, complete and accurate.

student's signature (in black ink)

date