



50% TUITION WAIVER FOR CHILDREN OF UNIVERSITY RETIRED EMPLOYEE

Academic Year or Semester for which request is made:

[] AY _____ Yrs OR [] Fall _____ Yr OR [] Spring _____ Yr OR [] Summer _____ Yr

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

Student Name: _____ Birthdate: _____ WIU ID#: _____

Student Campus Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

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

STUDENT CERTIFICATION OF REGISTRATION COMPLIANCE & ACKNOWLEDGMENT OF POLICIES

1. I certify that I am not required to be registered with Selective Service because (check one below):
 - I am female.
 - I was born before 1960.
 - I have not reached my 18th birthday.
 - I am an international student.
 - I am a permanent resident of the trust territory of the Pacific Islands or the Northern Mariana Islands.
 - I am in the armed services on active duty (members of the Reserves and National Guard are not considered on active duty).
2. I certify that I am registered with the Selective Service.

TUITION WAIVER BENEFIT UTILIZATION RECORD

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 utilized the 50% tuition waiver benefit at another Illinois public university.

Name of Institution where Previously/Currently 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):

Semester/Year	Hours	Semester/Year	Hours	Semester/Year	Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I hereby declare that the Student Certification of Registration Compliance is true and correct and that I am a child, adopted or stepchild who is eligible for the 50% tuition waiver pursuant to 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. 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 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 benefits granted to me may not exceed the 4-year limitation.

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.

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 Western 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.

Student Signature _____ Date _____

To be completed by Parent/Retiree

Qualified Retired Employee (Parent) Name: _____ WIU I.D.#: _____

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

Retired Employee Signature _____ Date _____

Institution (branch or location) (list current employer first)	Inclusive Dates of Employment	Date of Retirement	Percent of Employment

Student Eligibility Requirements & Limitations

Western Illinois University benefit for qualifying Children of University Retired Employees

Effective January 1, 1998

- At Western Illinois University, this tuition waiver is limited to 4 years, 8 regular semesters and 4 summer terms, or 120 hours, whichever comes first.
- Subject to the eligibility requirements specified above, the waiver may be utilized until such time as a total of 4 years of undergraduate 50% tuition waiver benefits have been expended in accordance with university procedures utilized to calculate tuition waiver limitations generally. The 4-year limitation shall be comprised of the number of hours or semesters (including summer terms) necessary to complete an undergraduate degree as defined by the tuition waiver granting university, not to exceed a total equivalent period of 4 years. In the event that a student who is eligible for the 50% tuition waiver transfers or simultaneously enrolls in another university (as defined above) the admitting institution shall receive, from the previous (or concurrent) institution, a certification defining the amount of 50% tuition waiver benefits that have been or are being utilized in accordance with the respective institutional standards for tuition waiver benefit calculations.
- Eligibility for the 50% tuition waiver benefit is conditioned upon the parent being employed as of the first day of the academic term (in accordance with the academic calendar where the student is enrolled) for which the tuition waiver benefit would apply.
- The university retired employee who is a parent or guardian of the waiver recipient must have been employed by the University for at least seven cumulative years.
- This waiver applies to the natural children, adopted children or step-children. The appropriate documentation may be required by Human Resources to verify the relationship.
- An eligible child of a qualified employee must be under the age of 25 at the commencement of the academic year during which the waiver is to be effective (in accordance with the academic calendar where the student is enrolled). Thereafter, the age limitation must continue to be fulfilled as of the beginning date of subsequent academic years.
- The eligible child must qualify for admission under the same admission requirements, standards, and policies that the tuition waiver granting university generally applies to applicants for admission to its respective undergraduate colleges and programs.
- The child must maintain satisfactory academic progress toward graduation as determined by the established rules of the University.
- The tuition waiver benefit may not be used for non-credit or graduate/professional academic programs or certifications.
- The children, age 25 and under of a retired WIU employee who is deceased, shall be entitled to the 50% tuition waiver.
- This waiver is only available for attending Western Illinois University.
- To ensure timely processing, the application should be received in Human Resources by August 28th for the fall semester, by January 28th for the spring semester, and by June 28th for the summer semester. After the due date a finance charge of 1% of the account balance is added each month.

**Return to:
Human Resources**

**Western Illinois University, Sherman Hall 105, 1 University Circle, Macomb, IL 61455
Phone: (309) 298-1971 Fax: (309) 298-2300 HR-Benefits@wiu.edu**

For HR Office Use Only

Confirmed/Corrected	Authorized University Signature & Printed Name	Date

Tuition Waiver Benefit Utilization Record (BUR)

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 is correct.

Name _____ Date _____
Authorized signature of records confirmation

Verification:

_____ Age _____ Relationship _____ Selective Service _____ Semester Used _____ Hours Used

_____ Waiver Code ___ Plan Code/Amount \$ _____

Enter by _____ Date _____ Interfaces Amount \$ _____ Date _____