

INTER-INSTITUTIONAL 50% TUITION WAIVER FOR CHILDREN OF PUBLIC UNIVERSITY EMPLOYEES

General Conditions/Applicability

Summary

The inter-institutional 50% tuition waiver for children of public university employees provide for 50% tuition waiver (not including fees) for up to 4 years of waivers for undergraduate education (excluding non-credit & graduate/professional academic programs or certifications). The benefit applies to eligible children of an eligible employee of Illinois senior public university (see definitions below) as long as the child maintains satisfactory academic progress towards graduation at any campus of Illinois senior public university to which the child has been admitted under the same requirements, standards & policies applicable to general admissions.

Child Eligibility

1. Must be under age 25 at the beginning of any academic year (defined as the first day of instruction) in which the waiver will be effective; &
2. Must be the natural child, adopted child, or stepchild of an eligible employee.

Employee Eligibility

1. Must be a current employee at one of the following Illinois senior public universities: Chicago State University, Eastern Illinois University, Governors State University, Illinois State University, Northeastern Illinois University, Northern Illinois University, Southern Illinois University, University of Illinois & Western Illinois University & employed at 50% time or more in a SURS eligible appointment capacity; &
2. Must be in active status (includes approved leave of absence & not on permanent layoff status) as of the first day of the academic term (of the institution where the child is enrolled) for which the waiver is being requested. Changes in status after the first day will only affect future academic terms; &
3. Must have completed at least seven years of eligible employment (as identified in #1 & #2 above) as of the first day of the academic term where the student is enrolled. The seven years can be a combination of employment among different universities, & the seven years do not have to be consecutive.

Processing Instructions

1. Either the individual employee or the child/student must initiate the initial application for the 50% tuition waiver & prove employee status eligibility by obtaining & completing both the student & the employee sections of the "Inter-institution 50% Tuition Waiver for Children of Public University Employees" Application form & the "Tuition Waiver Benefit Utilization Records". The Benefit Utilization Record must be completed even if no benefit usage is claimed.
2. The signed forms should be returned to the employee's human resources office responsible for handling the employee's current employment. Be sure to indicate on the form if employment has not been continuous or has been through a different human resources office (A/P or Civil Service) or at a different Illinois senior public university.

Child of Employee Tuition Waiver Benefit at the University of Illinois

Specific conditions & applicability regarding the inter-institutional 50% tuition waiver for children of public university employees may vary slightly between Illinois senior public universities. At the University of Illinois the following conditions also apply:

1. The limitation of "4 years" of tuition waiver benefit is calculated as 8 semesters & 4 summer terms.
2. The tuition waiver benefit may not be used for extramural or correspondence courses.
3. Ineligible employment categories include SURS annuitants (retirees), State Survey employees covered under the personnel policies of the Illinois Department of Natural Resources, employees of University-related organizations (i.e. Foundation, Alumni Association), academic hourly, Civil Service temporary & Extra Help, graduate & undergraduate assistants, & student employees.
4. The initial Application for this benefit must be received by the employee's human resources office no later than the last day of instruction (of the institution where the student attends) for the term in which the benefit will apply. There will be no retroactivity beyond the current term.
5. At a University of Illinois campus, continuing students do not have to submit a new Application form each semester once the initial application is verified. Re-verification will be processed automatically based on a list of students who received the waiver in the previous academic term and are still enrolled. If the student drops out one semester or transfers from one campus to another, a new Application form will be required.
6. A University of Illinois student who has a court-appointed guardian is eligible for this benefit if the guardian is a qualified employee of the University of Illinois (& only if the natural parents are deceased or have been declared unfit by the court action).
7. If the employee or the student eligibility cannot be verified, the form will be returned to the employee or the student by the office responsible for the verification.

TUITION WAIVER BENEFIT UTILIZATION RECORD

Public Act 90-028

Instructions: The following information must be completed by the student, certified by the department responsible for monitoring academic record (s), & attached to the Tuition Waiver Request form in the event that you have (are) already accessed (ing) the 50% tuition waiver benefit at another Illinois public university.

Student Name: _____ Birth date: _____ Social Security #: _____

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

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

<u>Sem./Year</u>	<u>Hours</u>	<u>Sem./Year</u>	<u>Hours</u>	<u>Sem./Year</u>	<u>Hours</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

50% tuition waiver benefit utilization record confirmation (may be required by the tuition waiver granting institution):

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 & understand that this information may be verified by means of accessing university records & that the total partial undergraduate tuition waiver benefits granted to me may not exceed the 4-year limitation established in P.A. 90-0282. 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

FOR OFFICE USE ONLY

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 outline above is correct

Name

**Authorized signature of record confirmation
Financial Aid Office**

Date

**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 & year for which request is made: Fall _____ Spring _____ summer _____

Student Name: _____ Birth Date: _____ SS# _____ Phone: _____

Student Campus Address: _____

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

Student Certification of Registration Compliance & Acknowledgement of Policies

1. I certify that I am not required to be registered with the Selective Service because (CHECK ONE BELOW):
- A. I am female
 - B. I am a permanent resident of the trust territory of the Pacific Islands or the Northern Mariana Islands.
 - C. I have not reached my 18th birthday.
 - D. I am in the armed services on active duty (member of the Reserves & National Guard are not considered on active duty)
 - E. I was born before 1980.
 - F. I am an international student.
2. _____ I certify that I am registered with the Selective Service.

I hereby declare that the Student Certification of Registration Compliance is true & correct & that I am a child or stepchild who is eligible for the 50% tuition waiver pursuant to P.A. 90-0282 & related policies/procedures. I request & understand that this information will be verified by accessing university records, & 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 waive 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 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 & that tuition waiver approval protocols shall be subject to individual university policies. (See attached policy statement for additional information.)

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 & dates of employment must be listed for each position claimed. The *human resource* or *personnel office* as listed universities may formally confirm the employment record &/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: _____ SS#/I.D.#: _____

Employing University: _____ Category: Fac: ____ A/P: ____ CS: ____ Work Phone #: _____

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)

Institution (branch or location) <small>(list current employer first)</small>	Inclusive Dates of Employment	Percent of Employment

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

FOR OFFICE USE ONLY

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

Distribution: Human Resource/financial Aid Offices (as applicable) - Qualified Employee/Student - Tuition Wavier Granting University