

Instructions: The following information must be completed by the student, and sent to the Office of Student Financial Aid where the student will be attending. For addresses, see attachment. PLEASE PRINT.

PART A:

Student Name: _____ Birth Date: _____ University ID #: _____

Street Address: _____ Local Phone #: _____

City/State/Zip Code: _____ Academic Term: FA _____ SP _____ SU1 _____ SU2 _____

This application is for the 50% Child of Employee Tuition Waiver to be used at: _____
(Name of University)

Major: _____ Expected Graduation Date: _____

PART B:

Have you used the 50% Child of Employee Tuition Waiver benefit at any campus of the following 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, or Western Illinois University.

YES If "Yes," complete the following PART C.

NO If "No," proceed to PART D.

PART C:

University academic terms during which the 50% tuition waiver benefit was utilized:

Name of University: _____ Semester/Year: _____

Name of University: _____ Semester/Year: _____

Name of University: _____ Semester/Year: _____

Name of University: _____ Semester/Year: _____

Name of University: _____ Semester/Year: _____

Name of University: _____ Semester/Year: _____

Name of University: _____ Semester/Year: _____

Name of University: _____ Semester/Year: _____

PART D:

I hereby declare that all previous or concurrent academic terms, during which the 50% Child of Employee 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 50% Child of Employee Tuition Waiver benefits granted to me may not exceed the 4-year limitation established in P.A. 90-0282. A separate "Tuition Waiver Benefit Utilization Record" (B.U.R.) must be completed by the student where he/she is currently enrolled, 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 outlined above is correct.

Name: _____ Date: _____

Authorized signature of record confirmation by the Financial Aid Office

University of Illinois at Chicago

Staff and Academic Employee Contact:

Academic Human Resources/Records
400 HRB, 715 South Wood, MC-900
Chicago, IL 60612
(312) 996-6355 | Fax (312) 996-1803

Student Contact:

Student Financial Aid Office
1800 SSB, MC-334
Chicago, IL 60607
(312) 996-3126 | Fax (312) 996-3385
<http://www.uic.edu/depts/financialaid/>

Faculty Employee Contact:

Faculty Affairs (HR)
1235 S. Halsted Street, Suite 303, MC-095
Chicago, IL 60607-5023
(312) 355-2412

University of Illinois at Springfield

Employee Contact:

Office of Human Resources
One University Plaza MS HRB 30
Springfield, IL 62703-5407
(217) 206-6652 | Fax (217) 206-7145
<http://www.uis.edu/humanresources>

Student Contact:

Office of Financial Assistance
One University Plaza MS UHB 1015
Springfield, IL 62703-5407
(217) 206-6724 | Fax (217) 206-7376
<http://www.uis.edu/financialaid/>

University of Illinois at Urbana-Champaign

Staff Employee Contact:

Staff Human Resources
52 East Gregory MC-562
Champaign, IL 61820
(217) 333-2142 | Fax (217) 244-7304

Student Contact:

Office of Student Financial Aid
620 East John Street, MC-303
Champaign, IL 61820
(217) 333-3330 | Fax (217) 265-5516
<http://www.osfa.uiuc.edu>

Faculty and Academic Employee Contact:

Academic Human Resources
807 S. Wright Street – Suite 420, MC-310
Champaign, IL 61820
(217) 244-2400 | Fax (217) 333-4019