## UNIVERSITY OF ILLINOIS SPRINGFIELD

## **Request for Summer Semester Tuition Waiver**

## Please submit completed form to the GA Office, PAC 518

Please note that any tuition/service fee waiver benefits awarded during the summer will be added to the waiver benefits awarded during the spring semester, and could cause you to reach or exceed the \$5,250 calendar-year threshold addressed by IRS Code 127 before the fall semester. Summer waiver benefits will increase the amount that is required to be taxed during the fall semester, thereby reducing your October and November stipends if you exceed the \$5,250 threshold for the calendar year by the time fall waiver benefits are applied.

Assistant's Name:	Date
UIN	Semester/Year
Academic Degree Program:	Academic Advisor:
Assistantship Unit:	

I hereby request a Summer Semester tuition waiver. The Policy Manual states that students who have served as an assistant during a regular semester preceding a summer session of the same academic year are eligible for a tuition waiver of up to 6 credit hours during that summer term, as long as the assistant does not exceed the maximum of 30 credit hours of tuition waived during the academic year. I understand that I will be billed at the in-state tuition rate for any credit hours taken beyond the 30 credit hour maximum. I also understand that the courses I register for must count toward the requirements for my degree.

I will be enrolling	in the following cours	es for the Summer (year)	term:	
Course Number	Course Name		Credit Hours	
		Total Credit Hours:		
Signature of Grad	uate Assistant	Date		

## Academic Advisor's Approval

I have reviewed my advisee's academic progress, current academic status, and course plan for the Summer semester. I support approval of this petition.

Signature of Academic Advisor

Approved by:

Signature of Academic Department Chairperson

Date

Date

Graduate Assistantship Office Approval		
Signature of Graduate Assistantship Office	Date	