



Student signature

APPLICATION FOR GRADUATE TUITION WAIVER

Graduate tuition waivers are awarded on a competitive basis by departments/schools offering graduate programs 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 is responsible for paying the required fees. Submit this form to your department.

department.					
Minimum Graduate School Criteria; See your depart	tment website for addition	onal requirements:			
1. Students with an established GPA, must maintain a minimum 3.0 GPA. Students without a graduate GPA, must have a minimum of 2.8 for the last 60 hrs. of undergraduate GPA.					
 Student must be fully admitted into a degree program. Students on probation and visiting students are ineligible for tuition waivers unless they are teaching a course for a department. Tuition waivers may only be used to cover coursework that will be placed on the degree audit and count towards the student's degree. 					
					4. No more than 3 thesis/dissertation hours beyond those required for the degree.
5. Students must be in academic good standing.					
6. Submitted on time (Deadlines): August 20 (fall)	January 20 (spring)	May 20 (summer)			
STUDENT INFORMATION					
Name		UID#			
Local address		Email address			
City State	Zip				
CURRENT STATUS AT ILLINOIS STATE UNIVERSITY Illinois resident Illinois non-resident (For res Admission status Admitted to graduate school Note: Se Applying for admission Fall (Have not applied for admission	idency guidelines see http://peniors admitted to a graduate	program taking graduate courses are not eligib			
Degree in which you will be enrolled 🗌 Master's 🔲 MF	A ☐ Specialist ☐ Doct	oral 🗌 Other			
Degree programC	urrent Grad. GPA / Last 6	0 hr. GPA			
Graduate hours completed at ISU					
TUITION WAIVER INFORMATION					
Term applying for a waiver?					
Number of credit hours for which you expect to register $_{ extstyle -}$	Hours for which yo	ou are requesting a tuition waiver			
Reason for requesting a tuition waiver? Academic/pe	rformance merit	ncial need			
Is your tuition being paid by any other source? ☐ no ☐	yes If yes, please expla	in			
I certify that the information on this application is correct. I at my eligibility for a graduate tuition waiver.	uthorize release for university	use of this and other information to verify			

Please complete Statement of Compliance Form on next page and any supplemental pages from the department.

Date

2019

ILLINOIS STATE UNIVERSITY

STATEMENT OF REGISTRATION COMPLIANCE 2018-2019 FOR STATE OF ILLINOIS SCHOLARSHIP / GRANT RECIPIENT

Academic Period Covered by Awards: July 1, 2018 until June 30, 2019

Please complete this form and return it to our office *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.

Your L	Iniversity	/ ID Nu	ımber:		
Name:					
unless	you con	nplete	gistration. You will not receive federal, state or other financial aid offered you this form and, if required, furnish proof to Illinois State University supporting your response. Do not leave this section blank.		
1.		l cer	rtify that I am registered with the Selective Service; OR		
2.	l certif	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 United States, 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.		
	IING: If ced to ja		rposely give false or misleading information on this form, you may be fined, oth.		
Signin	g this sta	itemen	at certifies that all information reported is true, complete and accurate.		
Student	s signature	e (in blac	Today's date		
Return	your co	mplete	ed form to: (Department Name – Must be completed by Awarding Department)		

FOR GRADUATE DEPARTMENT USE ONLY

(This section must be completed and kept on file in the department/school along with the completed application.)

Each department/school is required to have their own criteria for awarding that is updated each year. Please be sure that either the department/school's website or a coversheet outlining the criteria is available to applicants. Admitted to degree program: Y N *Note: Seniors admitted to a graduate program taking graduate courses are not eligible. Type of admission:

Full Conditional GMAT / GRE score (If applicable) TOEFL / IELTS score This section must be completed by the Graduate Coordinator. \square N Student meets university and department/school criteria for award $\prod Y$ Student is recommended for the award: \square Y \square N If denied, state reason: Signature of Graduate Coordinator Date This section must be completed by the Department Chair/School Director. Student is recommended for award Y Πи If denied, state reason: ___ Signature of Department Chair/School Director Date Notification sent to student Y N Date sent ___

Reminder: All documents are to be kept on record for 5 years after the student ceases to be enrolled at Illinois State University. Departments/Schools must also keep all documents for all rejected waiver applicants and document why the student was not selected. All documents related to the tuition waiver programs must be readily available in an audit. Documents can be kept electronically in the department/school.

Financial Aid Item Type: 9005100048_ _