



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.

Minimum Graduate School Criteria; See your department website for additional 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.
2. 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.
3. 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 residency guidelines see <http://policy.illinoisstate.edu/students/2-1-17.shtml>)
- Admission status Admitted to graduate school **Note:** Seniors admitted to a graduate program taking graduate courses are not eligible.
 Applying for admission Fall (August) Spring (January) Summer 20__
 Have not applied for admission

Degree in which you will be enrolled Master's MFA Specialist Doctoral Other

Degree program _____ Current Grad. GPA / Last 60 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 _____ Hours for which you are requesting a tuition waiver _____

Reason for requesting a tuition waiver? Academic/performance merit Financial need Other (specify) _____

Is your tuition being paid by any other source? no yes If yes, please explain _____

I certify that the information on this application is correct. I authorize release for university use of this and other information to verify my eligibility for a graduate tuition waiver.

X _____
Student signature

Date

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

ILLINOIS STATE UNIVERSITY

STATEMENT OF REGISTRATION COMPLIANCE 2017-2018
FOR STATE OF ILLINOIS SCHOLARSHIP / GRANT RECIPIENTS
Academic Period Covered by Awards: July 1, 2017 to June 30, 2018

Please complete this form and return it to your department/school with the tuition waiver application. Failure to do so will keep your military awards(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.

UID Number: _____ - _____ - _____

Name: _____

Selective service registration. You will not receive federal, state or other financial aid offered you unless you complete this form and, if required, furnish proof to Illinois State University supporting your answer. **Mark ONE response. Do not leave this section blank.**

1. I **certify** that I am registered with the Selective Service; OR
2. 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.

WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Signing this statement certifies that all information reported is true, complete and accurate.

Student's signature (in black ink)

Today's date

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.

Student meets university and department/school criteria for award Y N

Student is recommended for the award: Y N

If denied, state reason: _____

X _____
Signature of Graduate Coordinator Date

This section must be completed by the Department Chair/School Director.

Student is recommended for award Y N

If denied, state reason: _____

X _____
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_ _