



Student signature

APPLICATION FOR GRADUATE TUITION WAIVER

Graduate School 309 Hovey Hall Campus Box 4040 Normal, IL 61790-4040 Telephone: (309) 438-2583 Fax: (309) 438-7912 www.grad.illinoisstate.edu

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.

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|---|---|---|---|--|
| Minimum Graduate School (| riteria; See your departr | ment website for addition | onal requirements: | |
| Students with an establish must have a minimum of 2 | | | udents without a graduate GPA, | |
| 2. Student must be fully adm ineligible for tuition waive | | | tion and visiting students are rtment. | |
| 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/dis | sertation audit hours pe | r degree may be covere | ed by tuition waivers. | |
| 5. Students must be in acade | emic good standing. | | | |
| 6. Submitted on time (Deadli | nes): August 20 (fall) | January 20 (spring) | May 20 (summer) | |
| STUDENT INFORMATION | | | | |
| Name | | | UID# | |
| Local address | | | Email address | |
| City | | | | |
| CURRENT STATUS AT ILLIN | OIS STATE UNIVERSITY | | | |
| | | | policy.illinoisstate.edu/students/2-1-17.shtml) | |
| ☐ Applying | to graduate school Note: Ser for admission ☐ Fall (<i>f</i> applied for admission | niors admitted to a graduate August) | program taking graduate courses are not eliquary) Summer 20 | |
| Degree in which you will be en | olled ☐ Master's ☐ MFA | A ☐ Specialist ☐ Doct | oral 🔲 Other | |
| Degree program | Cu | ırrent Grad. GPA / Last 6 | 0 hr. GPA | |
| Graduate hours completed at I | SU | | | |
| TUITION WAIVER INFORMAT | ION | | | |
| Term applying for a waiver? | | | | |
| Number of credit hours for which | :h you expect to register _ | Hours for which yo | ou are requesting a tuition waiver | |
| Reason for requesting a tuition | waiver? Academic/per | formance merit 🔲 Fina | ncial need | |
| ls your tuition being paid by an | y other source? ☐ no ☐ | yes If yes, please expla | in | |
| I certify that the information on to my eligibility for a graduate tuition | | thorize 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

ILLINOIS STATE UNIVERSITY

STATEMENT OF REGISTRATION COMPLIANCE 2015-2016 FOR STATE OF ILLINOIS SCHOLARSHIP / GRANT RECIPIENTS Academic Period Covered by Awards: July 1, 2015 to June 30, 2016

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 | Numbe | r: | |
|-------|-------------|------------------------|---|
| Nam | e: | | |
| you (| complet | te this fo | registration. You will not receive federal, state or other financial aid offered you unless orm and, if required, furnish proof to Illinois State University supporting your answer. se. Do not leave this section blank. |
| ١. | | l certi | ify that I am registered with the Selective Service; OR |
| 2. | l cer | tify 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." |
| | е. | | 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. |
| | | If you ր o jail, or | ourposely give false or misleading information on this form, you may be fined, both. |
| Sign | ing this | stateme | ent certifies that all information reported is true, complete and accurate. |
| Stud | dent's sigr | nature (in b | olack 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. \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.