

Identify the following items to complete the Clinical Experience application.

Student Name \_\_\_\_\_ Date \_\_\_\_\_

University ID number \_\_\_\_\_ Program \_\_\_\_\_

Semester of enrollment: \_\_\_\_\_

|  |  |
|--|--|
| Identify the school district or organization in which tuition waivers were awarded:              |  |
| Name of administrator (district or organization from above) and title approving waiver issuance: |  |
| Identify graduate course(s) tuition waivers are applied towards                                  |  |
| Number of tuition Waivers-   |  |

**To be completed by Teacher Education Center Staff**

This checklist must be completed for every student receiving a Tuition Waiver and the completed checklist must be kept on file in the awarding department with the appropriate documentation attached to the checklist for a minimum of five years. An electronic version of this document/files can be kept yet must contain all documentation on numbered items listed below.

The following requirements are student specific and must be completed for **every** student receiving a Tuition Waiver.

| Enter below the Date and Initials of Personnel Reviewing/Completing Form & Indicate what Documentation is attached | Student Specific  | Acceptable Documentation  |
|--|---|---|
|  | <b>1. Waiver Applications:</b><br>Completed student application for recipient.  | Completed application for waiver recipient or if an online application, database of all applicants available when requested.  |
|  | <b>2. Recommendation, Evaluation and Selection Documents:</b><br>Document how recipient was evaluated against eligibility and selection criteria. | Completed waiver application showing eligibility criteria was met; <b>and</b> Recommendation documents such as committee notes, letters, voting records, emails, etc. (if applicable); <b>and</b> Documentation that shows how recipient was selected above other eligible applicants. Examples could be written selection criteria with notes as to which criteria the recipient met, a listing of eligible applicants ranked by GPA, GRE, performance, etc. |
| <i>District letter</i>   | <b>3. Notification:</b><br>Notification to recipient of Tuition Waiver.   | Letter, email, or agreement notifying recipient of Tuition Waiver award.  |
| <i>Waivers are sent to district based on clinical experiences for pre-student teaching and student teaching.</i>   | <b>4. Decision Document:</b><br>An identification of persons who participated in the selection of waiver recipient(s).                            | List and titles of persons involved in selection process. This could also include a letter sent to recipient by the person(s) making the decision.  |
| <i>No contract needed for clinical experience waivers</i>  | <b>5. Contract/ Agreement:</b><br>If the recipient is required to perform service, an agreement must be signed at time of appointment.            | Signed Contract/Agreement (if applicable).  |
|  | <b>6. Selective Service Verification:</b> Selective Service Registration Compliance Form.   |   |

\*Checklist based on Illinois General Assembly Joint Committee on Administrative Rules Administrative Code Title 23 Section 1075.600

**STATEMENT OF REGISTRATION COMPLIANCE 2021-2022  
FOR STATE OF ILLINOIS SCHOLARSHIP/GRANT RECIPIENT**

Academic Period Covered by Awards: July 1, 2021 until June 30, 2022

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 University ID 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 18<sup>th</sup> 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

Return your completed form to: \_\_\_\_\_  
(Department Name – Must be completed by Awarding Department)