



## **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.

#### STUDENT INFORMATION

Name				_ UID#	
Local address			Email	address	
City		Zip			
CURRENT STATUS AT ILLINOIS	STATE UNIVERSITY				
Illinois resident	on-resident (For reside	ncy guidelines s	ee <u>http://policy.illin</u>	oisstate.edu/studer	<u>ıts/2-1-17.shtml</u> )
Admission status Admitted to gra	iduate school <b>Note:</b> Senio idmission ☐ Fall (Au lied for admission	ors admitted to a igust)	graduate program ing (January)	taking graduate co	urses are not eligible 20
Degree in which you will be enrolled	I 🗌 Master's 🔲 MFA	Specialist	Doctoral	Other	
egree programCurrent 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 yo	u expect to register	Hours for	which you are re	equesting a tuition	waiver
Reason for requesting a tuition waiv	ver? 🗌 Academic/perfo	rmance merit	Financial ne	ed 🔲 Other (sp	ecify)
Is your tuition being paid by any oth	er source? 🗌 no 🔲 y	ves If yes, plea	se explain		
l certify that the information on this ap my eligibility for a graduate tuition wa		orize release for	university use of t	his and other inform	ation to verify
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 2022-2023 FOR STATE OF ILLINOIS SCHOLARSHIP / GRANT RECIPIENTS Academic Period Covered by Awards: July 1, 2022 to June 30, 2023

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: \_\_\_\_\_

Ι.

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.

- 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 * <b>Note:</b> Seniors adm	nitted 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: $\Box$ Y $\Box$ N				
If denied, state reason:				
x				
XSignature of Graduate Coordinator	Date			
This section must be completed by the Department Chair/Scho	ol Director.			
Student is recommended for award Y N				
If denied, state reason:				
XSignature of Department Chair/School Director				
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\_ \_