

**Instructions: The following information must be completed by the student, and sent to the Office of Student Financial Aid where the student will be attending. For addresses, see attachment. If completing on a computer or other device, SAVE THIS FILE FIRST before filling. If completing by hand, PLEASE PRINT.**

**PART A:**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ University ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Local Phone #: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Academic Term: FA \_\_\_\_\_ SP \_\_\_\_\_ SU1 \_\_\_\_\_ SU2 \_\_\_\_\_

This application is for the 50% Child of Employee Tuition Waiver to be used at: \_\_\_\_\_  
(Name of University)

Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

**PART B:**

**Have you used the 50% Child of Employee Tuition Waiver benefit at any campus of the following universities?**  
Chicago State University, Eastern Illinois University, Governors State University, Illinois State University, Northeastern Illinois University, Northern Illinois University, Southern Illinois University, University of Illinois, or Western Illinois University.

**YES** If "Yes," complete the following PART C.

**NO** If "No," proceed to PART D.

**PART C:**

**University academic terms during which the 50% tuition waiver benefit was utilized:**

Name of University: _____	Semester/Year: _____
Name of University: _____	Semester/Year: _____
Name of University: _____	Semester/Year: _____
Name of University: _____	Semester/Year: _____
Name of University: _____	Semester/Year: _____
Name of University: _____	Semester/Year: _____
Name of University: _____	Semester/Year: _____
Name of University: _____	Semester/Year: _____

**PART D:**

I hereby declare that all previous or concurrent academic terms, during which the 50% Child of Employee Tuition Waiver benefit was utilized, are accurately accounted for above. I request and understand that this information may be verified by means of accessing university records and that the total 50% Child of Employee Tuition Waiver benefits granted to me may not exceed the 4-year limitation established in P.A. 90-0282. A separate "Tuition Waiver Benefit Utilization Record" (B.U.R.) must be completed by the student where he/she is currently enrolled, pursuant to P.A. 90-0282.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:** 50% tuition waiver benefit utilization record confirmation (optional as requested by the tuition waiver granting institution): In accordance with institutional standards for tuition waiver benefit utilization, the record outlined above is correct.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized signature of record confirmation by the Financial Aid Office

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### University of Illinois at Chicago

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**Staff and Academic Employee Contact:**

Academic Human Resources/Records  
400 HRB, 715 South Wood, MC-900  
Chicago, IL 60612  
(312) 996-6355 | Fax (312) 996-1803

**Student Contact:**

Student Financial Aid Office  
1800 SSB, MC-334  
Chicago, IL 60607  
(312) 996-3126 | Fax (312) 996-3385  
<http://www.uic.edu/depts/financialaid/>

**Faculty Employee Contact:**

Faculty Affairs (HR)  
1235 S. Halsted Street, Suite 303, MC-095  
Chicago, IL 60607-5023  
(312) 355-2412

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### University of Illinois at Springfield

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**Employee Contact:**

Office of Human Resources  
One University Plaza MS HRB 30  
Springfield, IL 62703-5407  
(217) 206-6652 | Fax (217) 206-7145  
<http://www.uis.edu/humanresources>

**Student Contact:**

Office of Financial Assistance  
One University Plaza MS UHB 1015  
Springfield, IL 62703-5407  
(217) 206-6724 | Fax (217) 206-7376  
<http://www.uis.edu/financialaid/>

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### University of Illinois at Urbana-Champaign

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**Staff Employee Contact:**

Staff Human Resources  
52 East Gregory MC-562  
Champaign, IL 61820  
(217) 333-2142 | Fax (217) 244-7304

**Student Contact:**

Office of Student Financial Aid  
620 East John Street, MC-303  
Champaign, IL 61820  
(217) 333-0100 | Fax (217) 265-5516  
<http://www.osfa.uiuc.edu>

**Faculty and Academic Employee Contact:**

Academic Human Resources  
807 S. Wright Street – Suite 420, MC-310  
Champaign, IL 61820  
(217) 333-6747 | Fax (217) 333-4019