

ILLINOIS STATE UNIVERSITY

Department of
Curriculum and Instruction



232 DeGarmo Hall
Campus Box 5330
Normal, IL 61790-5330

<http://www.coe.ilstu.edu/ci/>

Telephone: (309) 438-5461

Graduate Tuition Waiver Application

Please indicate ONE semester and year. A separate application form must be completed for EACH semester. This form must be mailed, not emailed or faxed.

Semester Applying for: Fall Spring Summer Year: _____

Name: _____ University I.D. Number: _____

Address: _____ Phone Numbers: _____

City, ST, Zip: _____ E-mail address: _____

New Student or Continuing Student Do you have a graduate assistantship? Yes No

C&I Degree Program (check one): Doctoral Alternative Route to Secondary Teaching Certification

Masters in: Curriculum & Instruction Reading Instructional Technology & Design

Admission: Full Provisional Probationary Student-at-large Current GPA: _____

Race: African-American Asian-Pacific Caucasian/White
 Latino/Hispanic Native American/Indian Other

Will you have tuition reimbursement from your employer? No Yes, what % _____

Hours you are taking this semester: _____ Hours completed in program: _____ Hours Wanted Waived: _____

List course number(s) and title of course(s) for which you are applying in the space provided below.

DEPT	COURSE #	COURSE TITLE	HOURS

Reason for tuition waiver request (You may attach an additional sheet): _____

Please complete back of form (or Page 2)

ILLINOIS STATE UNIVERSITY

FY09

STATEMENT OF REGISTRATION COMPLIANCE 2008-2009
FOR STATE OF ILLINOIS SCHOLARSHIP / GRANT RECIPIENT

Academic Period Covered by Awards: July 1, 2008 until June 30, 2009

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.

Name (please print): _____

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.
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.

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.

Signature of Student (in black ink) University I.D. Number Today's Date

RETURN THIS COMPLETED FORM TO: Graduate Secretary, Illinois State University, Box 5330 Curriculum and Instruction, Normal, IL 61790-5330

Departmental use only
Action: [] Approved; number of credit hours _____ Waiver dollar amount: _____
[] Denied; Reason: _____
Reviewed/Recommended by: _____
Department Chair/Designee Signature: _____
Date/Initial: Letter to student and TW form to COE Dean & Financial Aid: _____