

# ILLINOIS STATE UNIVERSITY

*Office of International  
Studies and Programs*



Fell Hall, Room 308  
Campus Box 6120  
Normal, IL 61790-6120  
Telephone: (309) 438-5276/5365  
Facsimile: (309) 438-8659

**Preferred Application Deadline  
August 1**

**Application for: International Graduate Tuition Waiver**   
**International Undergraduate Tuition Waiver**

**Application Instructions:**

1. Complete this application form and return it to 308 Fell Hall, 6120 International Studies by August 1 for consideration for Fall, Spring, and Summer awards. Applications received after this date will be considered for Spring and Summer awards only if any money is left.
2. Preference is given to applicants who are in non-immigrant F-1 and J-1 status, who are in good academic standing, who are active in campus activities, and who have completed one full academic year in their current level of study.
3. A complete application will include
  - a. Completely filled and signed application
  - b. A description of financial need
  - c. A description of academic honors and/or merits
  - d. A description of international activities
  - e. A recommendation letter from your supervisor, professor, etc.

Note: Fill in the fields that appear in blue then print the application when complete.

<b>APPLYING FOR :</b> (Check all that apply)    FALL 2007 <input type="checkbox"/> SPRING 2008 <input type="checkbox"/> SUMMER 2008 <input type="checkbox"/>		<b>NATIONALITY</b>
<b>NAME</b> (Family Name)                      First(Given Name)	<b>UNIVERSITY IDENTIFICATION NUMBER</b>	
<b>PRESENT ADDRESS</b> (Street)	(City)	(State)                      (Zip)
<b>E-MAIL ADDRESS</b>	<b>AREA CODE AND TELEPHONE</b>	
<b>MAJOR</b>	<b>CUMULATIVE GPA</b>	<b>TODAY'S DATE</b>
<b>IF YOU ARE NOT LIVING IN I-HOUSE, HAVE YOU EVER LIVED THERE? <input type="checkbox"/> YES <input type="checkbox"/> NO</b> <b>IF YES WHEN?</b>		
<b>WHAT SESSION AND YEAR DID YOU BEGIN YOUR STUDIES AT ISU?</b>		
<b>WHAT IS YOUR EXPECTED DATE OF GRADUATION?</b>		

**Please complete back of the form (Page 2)**

**Public Act 85-827 – Educational Loans requires that applicants for employment certify whether or not they are in default for a period of six months or more and for \$600 or more on the repayment of an educational loan. If an employee fails to establish a satisfactory repayment arrangement within six months, the University must terminate the individual’s employment.**

*I attest that I am not  I am  in default on any such loan.*

*I certify that the information on this application is correct. I authorize release for university use of this and other information to verify my eligibility for Tuition Waiver. I verify that I meet the above criteria.*

\_\_\_\_\_  
Signature of Student (in ink)

\_\_\_\_\_  
Date

**FOR DEPARTMENT USE ONLY**

Student Meets University and Department Award Criteria <input type="checkbox"/> Yes <input type="checkbox"/> No	Cumulative GPA	Nationality
Semesters/Credits requested Fall _____ Spring _____ Summer _____		
Granted TW from Unit Director’s account <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Award per semester Fall _____ Spring _____ Summer _____	
Unit Director’s ranking for applicants not receiving a TW indicated above	Ranking (On a scale of 1-3)	Signature
International Studies ranking	Ranking (On a scale of 1-3)	Signature

**STATEMENT OF REGISTRATION COMPLIANCE  
FOR STATE OF ILLINOIS SCHOLARSHIP / GRANT RECIPIENTS**

**2005-2006**

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 owing.

Selective Service registration. You will not receive federal, state or other financial aid offered unless you complete this form and, if required, furnish proof to Illinois State University supporting your answer. **Do not leave blank. Mark one response.**

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 on active duty. (Note: Members of the Reserves and 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.

**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 to be true, complete, and accurate.

\_\_\_\_\_  
Signature of Student (in ink)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

RETURN THIS COMPLETED FORM TO:

Office of International Studies and Programs  
Fell Hall, Room 308  
Campus Box 6120  
Illinois State University  
Normal, IL 61790-6120

