

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

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. Attach description of financial need and/or academic or performance merit (for example, International House activities, and other campus or community programs). Recommendation letters are recommended but not required.
3. 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.

APPLYING FOR : (Check all that apply) FALL 20 _____ , SPRING 20 _____ , SUMMER 20 _____		NATIONALITY
NAME (Family Name) First(Given Name)	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS (Street)	(City)	(State) (Zip)
E-MAIL ADDRESS	AREA CODE AND TELEPHONE	
MAJOR	CUMULATIVE GPA	TODAY'S DATE
IF YOU ARE NOT LIVING IN I-HOUSE, HAVE YOU EVER LIVED THERE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES WHEN?		
WHAT SESSION AND YEAR DID YOU BEGIN YOUR STUDIES AT ISU?		
WHAT IS YOUR EXPECTED DATE OF GRADUATION?		

Describe activities, academic honors, and financial need (You may attach an additional sheet):

Please complete back of form (or 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

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
International Studies ranking	Ranking (On a scale of 1-3)	Signature

