



APPLICATION FOR GRADUATE PROFESSIONAL PRACTICUM TUITION WAIVER

Graduate professional practicum tuition waivers are awarded on a competitive basis by department/schools offering paid professional practicum experiences to students off-campus. Students selected are making progress toward degree, in academic good standing, and demonstrates financial need. Tuition waivers cover tuition only and students are responsible for paying fees. Submit this form to your department for recommendation. Departments will send this form to the Graduate School for final review and approval.

Eligibility:

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, certificate only, and visiting students are ineligible for tuition waivers.
3. Student cannot receive a professional practicum tuition waiver more than four semesters.
4. Students must be in academic good standing pursuant to each department handbook.

Provide a statement, no longer than 1 page, on how the professional practicum will benefit your future.

Submitted on time (Deadlines to the Graduate School): Fall (Sept 1) Spring (Feb 1) Summer (May 1)

STUDENT INFORMATION

Name _____ UID# _____

Local address _____ Email address _____

City _____ State _____ Zip _____

CURRENT STATUS AT ILLINOIS STATE UNIVERSITY

Illinois resident Illinois non-resident (For residency guidelines see <http://policy.illinoisstate.edu/students/2-1-17.shtml>)

Degree in which you are enrolled Master's MFA Specialist Doctoral

Degree program _____ Current Grad. GPA / Last 60 hr. GPA _____

Graduate hours completed at ISU _____

TUITION WAIVER INFORMATION

Term applying for a waiver? _____

Number of credit hours you are registered _____

Enrolled in Student Health Insurance Plan _____

Describe your academic performance/merit for a waiver and describe your financial need.

Is your tuition being paid by any other source? no yes If yes, please explain _____

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 a graduate tuition waiver.

X _____
Student signature Date

Please complete Statement of Compliance Form on next page and any supplemental pages from the department.

FOR GRADUATE DEPARTMENT USE ONLY

(This section must be completed by the department/school along with the completed application.)

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: Y N

If denied, state reason: _____

X _____
Signature of Graduate Coordinator Date

This section must be completed by the Graduate School Director.

Student is recommended for award Y N

If denied, state reason: _____

X _____
Signature of Department Graduate School Director Date

This section must be completed by Financial Aid.

Will this award affect financial aid Y N

If yes, explain: _____

X _____
Signature of Financial Aid Date

Student enrolled in Student Health Insurance Y N

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_ _