

# **Double Room Waiver for Children of Western Illinois University Employee**

Academic Year or Semester for which request is made:

[ ] AYYrs OR [ ] Fall	Yr O	R [ ] Spring	Yr					
Student Name: Birtho	late:	WIU ID#:	WIU ID#:					
Student Campus Address: City:_	S	tate: Zip:	Phone:					
Student Permanent Address: City:_								
STUDENT CERTIFICATION OF REGISTRATION COMPLIANCE & ACKNOWLEDGMENT OF POLICIES								
DOUBLE ROOM WAIVER BENEFIT UTILIZATION RECORD								
Instructions: The following information must be completed by the specord( $\mathbf{s}$ ).	student, certified by th	e department respon	sible for monitoring academic					
Semesters previously awarded the Double Room Waiver:								
Semester/Year Semester/Year	Semester/Year	Semester	Semester/Year					
I hereby declare that I am a child, adopted or stepchild who is eligible for the double room waiver. I request and understand that this information will be verified by accessing university records, and that the double room waiver benefits granted to me may not exceed the semester limit established. In the event this application contains any false statements, errors or omissions pertaining to my parent's service record, or in the event total partial double room waiver benefits exceed the semester limitation, I will be responsible for the full value of any ineligible benefits that I may have received. Application of this double room waiver serves as both my official notification (unless denied) and my acceptance of this waiver. The refusal to accept this agreement will result in a forfeit of the waiver.  Student Signature  Date								
At Western Illinois University, this double room waiver is limited to:  • Students who utilize the waiver before AY 24: 8 regular semesters (not applicable for summer)  • Students who utilize the waiver AY 24 and after: 4 regular semesters (not applicable for summer)								
For HR Office Use Only								
Double room waiver benefit utilization record confirmation: In accordance with institutional standards for double room waiver benefit utilization, the record outlined above is correct.  Name  Authorized signature of records confirmation: Human Resources			Selective Service Used Hours Available					
Date	Entered by		Date					
	Interfaces Amount	t \$	Date					

### PARENT'S DISCLOSURE/CERTIFICATION OF WESTERN ILLINOIS UNIVERSITY EMPLOYMENT

Instructions: Please complete the following information as thoroughly as possible. All items must be completed. Percentage and dates of employment must be listed for each position claimed. The Human Resources Office may formally confirm the employment record and/or parent/child relationship through the use of university employment/benefit records for which employment credit is claimed. Confirmation procedures may require additional documentation.

Qualified Employee (Parent) Name:		WIU I.D.#:						
Work Address: City:		State:	Zip Code:Work		k Phone:			
Category: [ ] Fac [ ] A/P [	] CS							
I hereby declare that this student is my child, adopted or stepchild. Employee signature is not required as a condition of student eligibility.								
Employee Signature	Date							
To be completed by Applicant/Parent (use additional sheet if necessary)								
Department Cu		Current Position Title			Percent of Employment			
For Office Use Only								
Confirmed/Corrected	Authorized University Signature & Printed Name			Date				

## **Student and Parent Eligibility Requirements**

- Eligibility for the room waiver benefit is conditioned upon the parent being employed at 50% or greater as of the first day of the academic term for which the double room waiver benefit would apply.
- An eligible child of a qualified employee must be under the age of 25 at the commencement of the academic year during which the waiver is to be effective.
- Eligible child must be an admitted Western Illinois University student.
- Eligible child must be enrolled for at least 12-semester hours or more
- Eliqible child must maintain satisfactory academic progress, which will be verified by Financial Aid.

#### Limitations

- Subject to the eligibility requirements specified above, this double room waiver is limited to 8 regular semesters for students who utilize the waiver before AY 24 and 4 regular semesters for students who utilize the waiver AY 24 and after.
- The waiver is not applicable for summer term.
- The double room waiver benefit may not be used for non-credit or graduate/professional academic programs or certifications. In the event a child loses eligibility through a parent's separation from employment during any given academic term or semester, the benefit shall not be rescinded for the duration of that term or semester. However, no future benefits may be extended until such time as the employee regains eligibility status.
- If both parents are employees, an eligible child shall be eligible for a total maximum double room waiver as specified above. Employment records of two parents cannot be combined with respect to the 50% or greater requirement above. Eligibility criteria in terms of employment shall be benchmarked upon the employment record of only one parent, with the greatest individual amount of total university employment.
- Employment status is evaluated as of the first day of the academic term.
- All scholarships are conditional upon continued availability of funding.
- Waiver cannot be combined with other room waivers or scholarships (i.e. Local Leatherneck Scholarship).
- Total double room waiver cannot exceed cost of room.

#### **Process**

- To ensure timely processing, the application should be received in Human Resources by August 28th for the fall semester and by January 28th for the spring semester. After the due date a finance charge of 1% of the account balance is added each month.
- Waiver will be credited to account after eligible student has registered for undergraduate classes and has a housing assignment.

#### Return to:

**Human Resources Western Illinois University Sherman Hall 105** 1 University Circle/Macomb, IL 61455 Phone: 309/298-1971 Fax: 309/298-2300

HR-Benefits@wiu.edu