



Double Room Waiver for Children of Western Illinois University Employee

Academic Year or Semester for which request is made:

[] AY _____ Yrs OR [] Fall _____ Yr OR [] Spring _____ Yr

Student Name: _____ Birthdate: _____ WIU ID#: _____

Student Campus Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Student Permanent Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

STUDENT CERTIFICATION OF REGISTRATION COMPLIANCE & ACKNOWLEDGMENT OF POLICIES

DOUBLE ROOM WAIVER BENEFIT UTILIZATION RECORD

Instructions: The following information must be completed by the student, certified by the department responsible for monitoring academic record(s).

Semesters previously awarded the Double Room Waiver:

Table with 4 columns: Semester/Year, Semester/Year, Semester/Year, Semester/Year. Each column has two blank lines for input.

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 8-semester or 120-hour limitation 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 8-semester or 120-hour 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 8 regular semesters (not applicable for summer term), or 120 hours, whichever comes first.

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

Date _____

Verification:

_____ Age _____ Relationship _____ Selective Service

_____ Semester Used _____ Hours Used _____ Waiver Code

_____ Plan Code/Amount \$ _____

Entered by _____ Date _____

Interfaces Amount \$ _____ 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 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	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.
- Eligible 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, or 120 hours, whichever comes first.
- 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.
- Total financial aid awarded cannot exceed cost of attendance.

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
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1 University Circle/Macomb, IL 61455
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