

The following application is required for each term in which a Teacher Education Center (TEC) Graduate Waiver is used. Only applicable for 400 graduate level or above courses. The completed waivers and application must be returned to the TEC by required due dates on waivers. Submit by mail or electronically by sending a clear picture of all documents to [clinicalquestions@ilstu.edu](mailto:clinicalquestions@ilstu.edu) using your ISU e-mail account. Additional submission guidance can be found on the back of each waiver and on our website.

- **Deadline Dates: Fall (September 15), Spring (February 15), Summer (July 1)**

**Student Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **ISU E-mail** \_\_\_\_\_ **@ilstu.edu**

**University ID number** \_\_\_\_\_ **Semester** \_\_\_\_\_

Identify the school district or organization in which tuition waivers were awarded:	
Name of administrator (district or organization from above) and title approving/signing waiver:	
Identify graduate course(s) tuition waivers are applied towards. Must be 400 courses or above. <b>Undergraduate courses not applicable:</b>	
Number of tuition Waivers:	

**To be completed by Teacher Education Center Staff**

This checklist must be completed for every student receiving a Tuition Waiver and the completed checklist must be kept on file in the awarding department with the appropriate documentation attached to the checklist for a minimum of five years. An electronic version of this document/files can be kept yet must contain all documentation on numbered items listed below.

The following requirements are student specific and must be completed for **every** student receiving a Tuition Waiver.

Enter below the Date and Initials of Personnel Reviewing/Completing Form & Indicate what Documentation is attached	Student Specific	Acceptable Documentation
	<b>1. Waiver Applications:</b> Completed student application for recipient.	Completed application for waiver recipient or if an online application, database of all applicants available when requested.
	<b>2. Recommendation, Evaluation and Selection Documents:</b> Document how recipient was evaluated against eligibility and selection criteria.	Completed waiver application showing eligibility criteria was met; <b>and</b> Recommendation documents such as committee notes, letters, voting records, emails, etc. (if applicable); <b>and</b> Documentation that shows how recipient was selected above other eligible applicants. Examples could be written selection criteria with notes as to which criteria the recipient met, a listing of eligible applicants ranked by GPA, GRE, performance, etc.
<i>District letter</i>	<b>3. Notification:</b> Notification to recipient of Tuition Waiver.	Letter, email, or agreement notifying recipient of Tuition Waiver award.
<i>Waivers are sent to district based on clinical experiences for pre-student teaching and student teaching.</i>	<b>4. Decision Document:</b> An identification of persons who participated in the selection of waiver recipient(s).	List and titles of persons involved in selection process. This could also include a letter sent to recipient by the person(s) making the decision.
<i>No contract needed for clinical experience waivers</i>	<b>5. Contract/ Agreement:</b> If the recipient is required to perform service, an agreement must be signed at time of appointment.	Signed Contract/Agreement (if applicable).

\*Checklist based on Illinois General Assembly Joint Committee on Administrative Rules Administrative Code Title 23 Section 1075.600