

**2007-2008  
Child of Employee 50% Tuition Waiver  
Benefit Utilization Record (B.U.R. Form)**



**Office of Student Financial Aid**

University of Illinois at Urbana-Champaign  
620 East John Street - MC 303  
Champaign, IL 61820-5712  
Fax (217) 265-5516 Phone (217) 333-0100

Public Act 90-0282

**Instructions: The following information must be completed by the student each academic year, and sent to the Office of Student Financial Aid where the student will be attending.**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ University Identification #(UIN) \_\_\_\_\_

Street Address: \_\_\_\_\_ Local Phone #: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Academic Term: FA \_\_\_\_\_ SP \_\_\_\_\_ SU1 \_\_\_\_\_ SU2 \_\_\_\_\_

This application is for the 50% Child of Employee Tuition Waiver to be used at: \_\_\_\_\_  
(Name of University)

Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Name of Institution where previously/currently enrolled: \_\_\_\_\_

Academic terms during which the 50% Tuition Waiver benefit was utilized at another Illinois Public University (specify total credit hours for which the 50% tuition waiver was applicable). Other Illinois Public Universities include Chicago State University, Eastern Illinois University, Governors State University, Illinois State University, Northeastern Illinois University, Northern Illinois University, Southern Illinois University, University of Illinois at Springfield, University of Illinois at Chicago, and Western Illinois University.

<u>Sem./Year</u>	<u>Hours</u>	<u>Sem./Year</u>	<u>Hours</u>	<u>Sem./Year</u>	<u>Hours</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I have only used the 50% Tuition Waiver at the University of Illinois at Urbana-Champaign. Do not check the box if you have attended the University of Illinois at Springfield or Chicago. (See directions above.)

I hereby declare that all previous or concurrent academic terms, during which the 50% Child of Employee Tuition Waiver benefit was utilized, are accurately accounted for above. I request and understand that this information may be verified by means of accessing university records and that the total 50% Child of Employee Tuition Waiver benefits granted to me may not exceed the 4-year limitation established in P.A. 90-0282. A separate "Tuition Waiver Benefit Utilization Record" (B.U.R.) must be completed by the student where he/she is currently enrolled, pursuant to P.A. 90-0282.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY: 50% tuition waiver benefit utilization record confirmation (optional as requested by the tuition waiver granting institution):** In accordance with institutional standards for tuition waiver benefit utilization, the record outlined above is correct. Name: \_\_\_\_\_  
Authorized signature of record confirmation by the Financial Aid Office \_\_\_\_\_ Date \_\_\_\_\_