

**2016-2017  
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. For addresses, see attachment. The eligible parent must complete an application for the waiver through Human Resources at their employing university once per school that the student attends while using this waiver.**

**PART A:**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ University ID #: \_\_\_\_\_

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

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

University: \_\_\_\_\_  
(Name of University Student is attending)

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

**PART B:**

**Have you used the 50% Child of Employee Tuition Waiver benefit at ANY campus of the following universities?**  
(Chicago State University, Eastern Illinois University, Governors State University, Illinois State University, Northeastern Illinois University, Northern Illinois University, Southern Illinois University, University of Illinois, or Western Illinois University.)

- Yes (If "Yes," complete PART C.)
- No (If "No," proceed to PART D.)

**PART C:**

**University academic terms during which the 50% tuition waiver benefit was utilized:**

Name of University: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Name of University: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Name of University: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Name of University: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Name of University: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

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Name of University: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Name of University: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Name of University: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

**PART D:**

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

## University of Illinois at Chicago

### Employee Contact:

Academic Human Resources/Records  
400 HRB, 715 South Wood, MC-900  
Chicago, IL 60612  
(312) 413-3490 Fax: (312) 996-1803

### Student Contact:

Student Financial Aid Office  
1800 SSB, MC-334  
Chicago, IL 60607  
(312) 996-3126 Fax (312) 996-3385  
<http://www.uic.edu/depts/financialaid/>

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## University of Illinois at Springfield

### Employee Contact:

Department of Human Resources  
HRB 30, UIS, P.O. Box 19243  
Springfield, IL 62794-9243  
(217) 206-6652 Fax: (217) 206-7145

### Student Contact:

#1 University Plaza  
Office of Financial Assistance MS UHB 1015  
Springfield, IL 62703-5407  
(217) 206-6724 Fax (217) 206-7376  
<http://www.uis.edu/financialaid/>

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## University of Illinois at Urbana-Champaign

### Staff Employee Contact:

Personnel Services Office  
52 East Gregory, MC-562  
Champaign, IL 61820  
(217) 333-2142 Fax: (217) 244-7304

### Student Contact:

Office of Student Financial Aid  
620 East John Street, MC-303  
Champaign, IL 61820  
(217) 333-0100 Fax (217) 265-5516  
<http://www.osfa.illinois.edu>

### Faculty and AP Employee Contact:

Academic Human Resources  
807 S. Wright Street - Suite 420, MC-310  
Champaign, IL 61820  
(217) 333-8836 Fax: (217) 333-4019

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