

UNDERGRADUATE TUITION WAIVER FOR SPOUSE/CHILD OF A DECEASED UNIVERSITY EMPLOYEE

Academic Year or Semester for which request is made:

AY \_\_\_\_\_ Yrs OR  Fall \_\_\_\_\_ Yr OR  Spring \_\_\_\_\_ Yr OR  Summer \_\_\_\_\_ Yr

Applicant Name: \_\_\_\_\_ WIUID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Children must be under the age 25)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Deceased Spouse/Parent Name: \_\_\_\_\_