

UNIVERSITY OF ILLINOIS
AT SPRINGFIELD

Office of Financial Assistance
University Hall, Room 1015
One University Plaza, MS UHB 1015
Springfield, Illinois 62703-5407
(217) 206-6724



Request for Teacher Education Waiver

PLEASE COMPLETE THE FOLLOWING:

Name _____ UIN# _____

School _____

Please note that it is the student's responsibility to report changes in enrollment to the UIS Office of Financial Assistance.

PLEASE CHECK THE SEMESTER YOU WISH TO USE THIS WAIVER. AND INDICATE THE NUMBER OF HOURS IN WHICH YOU WILL ENROLL FOR THAT TERM.

___ FALL ___ SPRING ___ SUMMER HOURS ENROLLED _____

Name of Student Teacher Supervised _____

Term of Supervision _____

**** Waiver is only applicable for one year from term of Supervision, which is the equivalent of three semesters including summer.**

Please return this form to The UIS Office of Financial Assistance.

Application Deadlines

Fall Term: November 15th

Spring Term: April 15th

Summer Term: June 15th