



Enrollment Services

2500 Carlyle Avenue • Belleville, IL 62221-5899
866-942-SWIC (7942) • 618-235-2700 • Fax 618-222-9768

Dear Student:

United States citizens and Permanent Residents residing outside of community college district 522, but working at least 35 hours a week or more at one employer within that district; may be eligible for in-district tuition rates.

The attached form serves as documentation of your in-district employment status. Please note the following information regarding completion of this form:

- Complete your name, address, and social security number and forward to your employer.
- Your employer should complete the remaining portions of the form and return it to our Enrollment Services Office for processing.
- This form must be fully complete and received in our Enrollment Services Office by the midterm date of the class(es).
- This form must be completed for every semester you attend.

Provided the form is fully complete and processed in our office by the midterm date of your class, your billing status will be changed from out-of-district or out-of-state rates to in-district rates as a result of your in-district employment.

If you have any questions regarding the above information, please contact Enrollment Services at (618) 235-2700, ext. 5455.



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Dear In-District Employer:

Out-of-district and out-of-state students who are employed prior to the start of the semester by a business/industry within Community College District #522 may qualify for in-district tuition rates.

Illinois law requires that a worker must be employed a **minimum of 35 hours per week** to be eligible. The student named below is seeking to use the in-district employer provision. Please complete this form and return it to the address above. This form must be fully completed every semester for which the employee wishes to use this benefit and returned to the Enrollment Services Office for processing by the **midterm date** of the class.

Sincerely,

Enrollment Services

Semester and Year _____

Employee Name	Employee Address	Employee SSN
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# Hours Employee Works Per Week	Employee Job Title	Hire Date
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Company Name	Company Address
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Company Telephone Number	Employer Illinois Business Tax (IBT) Number
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An officer empowered to contract for your firm must complete this form.

Signature of Company Official	Printed Name
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Title	Date
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