

1/2/2008

Request for Inter-Institutional Waiver of Tuition For Employees (Not employed by Illinois State University)

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Name: _____ UID: _____-_____-_____

Home Address: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

COURSES TO BE TAKEN AT ILLINOIS STATE UNIVERSITY

Course(s) 1. _____ Credit Units _____

2. _____ Credit Units _____

3. _____ Credit Units _____

Semester to be attended (check one only):

Fall of _____ (year) Spring of _____ (year) Summer of _____ (year)

I certify that the above information is true and correct. I agree to submit a new request should my registration change. I accept tax liability for the value of tuition waived for graduate level courses for which I register.

Employee Signature: _____ Date: _____-_____-_____

VERIFICATION OF EMPLOYMENT BY EMPLOYER (To be completed by Human Resources)

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Date of Employment: _____ at (agency): _____

Agency Address: _____

Job Classification: _____ Percent Employment: _____

Signature: _____ Phone: _____-_____-_____
(HR REPRESENTATIVE)

ILLINOIS STATE UNIVERSITY APPROVAL OR DISAPPROVAL

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REQUEST APPROVED: _____ REQUEST DENIED: _____

BY: _____ Human Resources (Illinois State University)

TO BE COMPLETED BY FINANCIAL AID OFFICE

Account #: _____ Amount: _____ Fin. Aid Initials: _____

Return form to:

**Human Resources
Campus Box 1300
Normal, IL 61790-1300**

Fax (309) 438-7421 Phone (309) 438-8311