

**Request for
Inter-Institutional Waiver of Tuition for
Illinois State University Civil Service Employees**

Employee Name: _____ UID: _____ - _____ - _____ Date: _____

Job Classification (Title): _____ % of Employment: _____

Mail Code: _____ Dept: _____ Work Phone: _____

Date of Employment at Illinois State University: _____

University where classes will be taken: _____

Course(s): 1. _____ Credit/Units _____

2. _____ Credit/Units _____

3. _____ Credit/Units _____

Quarter/Semester: Begin Date: _____ End Date: _____

I certify that the above information is true and correct. I agree to submit a new request should my registration change, and if necessary, I accept tax liability for the value of tuition waived for graduate level courses for which I register. I understand that I will be subject to disciplinary action should the above information be proved false.

Employee Signature: _____ Date: _____

Requested by:

Office of Human Resources
Illinois State University _____
(Signature)

Approval granted by: _____
(Signature)

Reciprocal Institution: _____

RECIPROCAL INSTITUTION – PLEASE RETURN THIS FORM TO:

Office of Human Resources
Campus Box 1300
Normal, IL 61790-1300
(309) 438-8311