

**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