



WESTERN ILLINOIS UNIVERSITY

REQUEST FOR INTERINSTITUTIONAL WAIVER OF TUITION

Semester/Year Attending: _____ Fall _____ Spring _____ Summer

CIVIL SERVICE EMPLOYEE INFORMATION:

Employee Name: _____ SS#/WIUID#: _____

Classification: _____ Percent time: _____ Hire Date: _____

Name of Home University & Department: _____ Work Phone: _____

COURSE INFORMATION:

Name of University where the course will be taken: _____

Table with 3 columns: Course Title/Course Number, Credit Hours, Day/Hrs Class Meets

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 proven false.

Employee Signature: _____ Date: _____

Employee Supervisor Signature: _____ Date: _____

I have reviewed this request and the employee has made appropriate arrangements for absence from work. Supervisor approval is required only if the employee will be absent from work for class attendance.

For Office Use Only

Table with 3 columns: Applicant Information Confirmed/Corrected, Authorized University Signature & Printed Name, Date

Approval: We have reviewed the request and, where necessary, made appropriate arrangements with the employee.

We recommend that the employee make a copy of the approved form for their records in the event of a mislaid or destroyed form. cm/rfiwot

