



# EASTERN ILLINOIS UNIVERSITY™

## Eastern Illinois University Civil Service Interinstitutional Tuition Waiver Other Public Illinois University Employees Taking Courses at EIU

Other Public Illinois University civil service employees may use this waiver at Eastern Illinois University. This waiver covers six credit hours or two courses, whichever is greater. This form should be completed by the employee and approved by the employee's supervisor, benefits office, and attending universities benefits office before beginning coursework each semester. Failure to submit an approved waiver prior to the beginning of course work each semester may result in the employee being held financially responsible for the course(s) taken. If any changes should occur after this waiver has been approved, a revised waiver must be submitted. Please notify the Benefit Services at 217-581-5825 or at [benefits@eiu.edu](mailto:benefits@eiu.edu) of withdrawal from courses for which tuition and fees were waived.

Please select the university you are attending:

Chicago State University  
Governor State University  
Illinois State University  
Northeastern Illinois University  
Northern Illinois University  
Southern Illinois University-Carbondale

Southern Illinois University-Edwardsville  
University of Illinois-Champaign Urbana  
University of Illinois-Chicago  
University of Illinois-Springfield  
Western Illinois University

Employee Name: \_\_\_\_\_ EIU Number: E \_\_\_\_\_  
(Please print or type)

Employee University's ID: \_\_\_\_\_

Request to take course in: Fall                      Spring                      Summer                      Year \_\_\_\_\_

Course: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Course: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Course: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

**I hereby declare I am aware of the civil service interinstitutional tuition waiver maximum utilization of two courses or six credit hours per semester, whichever is greater. Rulings and fees may differ at attending university. I will be held financially responsible for additional course work.**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

### Approval Signature Required

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Benefit Services: \_\_\_\_\_ Date: \_\_\_\_\_

Reciprocal Institution: \_\_\_\_\_ Date: \_\_\_\_\_