



EASTERN ILLINOIS UNIVERSITY™

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

Eastern Illinois University civil service employees may use this waiver at any of the Illinois public universities that follows State Universities Civil Service rules. This waiver covers six credit hours or two courses, whichever is greater. Rulings and fees may differ at attending university. This form should be completed by the employee and approved by the employee's supervisor and Benefit Services 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 of withdrawal from courses for which tuition and fees were waived.

Please select the school 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)

Attending 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: _____