

**REQUEST TO ENROLL IN UNIVERSITY CLASSES
TUITION WAIVER AUTHORIZATION*
Return to Human Resources, 105 Sherman Hall**

Employee Name	Employee Department	Dept. Phone No.
WIUID#	Will you graduate this semester? No Yes	

I hereby request permission to enroll in the following University classes during the _____ semester, 20_____

Department & Course No.	Sec. No.	Course Title	Sem. Hrs.	Period	Time	Days	Building & Room No.

I certify that I: (1) am not required to be registered with the Selective Service _____ (check here if this applies to you), or (2) am registered with the Selective Service _____ (check here if this applies to you). If you purposely state falsely any information relative to Selective Service registration, you may be subject to a fine or imprisonment or both.

Employee Signature _____ Date _____

*Tuition and Fees Waiver will be issued only when this form is submitted to **Human Resources** prior to registration for classes.

NOTE: EMPLOYEES NOT IN COMPLIANCE WILL BE RESPONSIBLE FOR FULL PAYMENT OF TUITION AND FEES.

I acknowledge this employee's request to enroll in the class(es) indicated above. Check one(s) appropriate:

- 1. Class(es) will not be taken during regularly scheduled work hours.
(Supervisor/Department Head approval is required only if the employee will be absent from work for class attendance.)
- 2. One class will be taken during regularly scheduled work hours and the time will be made up in one of the following ways:
 - a. all time missed from work assignment will be made up at a time agreeable with the supervisor or
 - b. the time missed will be deducted from accrued vacation.

Please indicate days and time when lost time from work will be made up.

Break time may not be used. (See your Civil Service Employee's Handbook, "Educational Benefits" and "Tuition Waivers.")

I have reviewed this request and the employee has made appropriate arrangements for absence from work.

Approved Disapproved _____
Supervisor Signature Date

Approved Disapproved _____
Department Head Signature Date

TO BE FILLED IN BY HUMAN RESOURCES



**WESTERN
ILLINOIS
UNIVERSITY**

NUMBER OF SEMESTER HOURS EMPLOYEE IS ELIGIBLE FOR WAIVER

- Full-Time employee 6
- 3/4-Time employee 4
- 1/2-Time employee 3

TUITION AND FEES WAIVER Approved Disapproved

_____ Date _____

Human Resources, SH 105
Western Illinois University

COMPLETED FORM DISTRIBUTION BY HUMAN RESOURCES

- White - Human Resources
- Canary - Financial Aid Office
- Pink - Supervisor
- Goldenrod - Employee