Eastern Illinois University
Human Resources
Graduation Fee Waiver

This form implements the Board of Trustees education benefits policy for civil service. The form should be completed by the employee and approved by the employee's supervisor and the Benefit's Office before graduation. The employee should submit this approved waiver form to the Business Office.

Graduate: ___  Undergraduate: ___  Social Security Number: ______________________

Employee Name: _____________________________________________________________
(Please print or type)

Department: ___________________________  % Employment: ______

Approvals (Signatures required)

Employee: ___________________________  Date: ____________

Supervisor: ___________________________  Date: ____________

Benefits: ___________________________  Date: ____________

Room 2031, Old Main