

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.

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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