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