

Fees/Tuition Waiver for RETIRED FACULTY AND STAFF

UID#: _____ (Preferred) If UID# unknown provide SSN _____

Name: _____

Address: _____

Home Phone: () - E-mail _____

Date of Retirement: _____ # of SURS years _____

List the course(s) you are taking in (circle one) Fall, Spring, Summer of year _____

Course Title	Dept	Class Hrs	Session
Course Title	Dept	Class Hrs	Session
Course Title	Dept	Class Hrs	Session
Course Title	Dept	Class Hrs	Session

Date: _____ Signature: _____

Return this form to: Office of Human Resources
 Illinois State University
 Campus Box 1300
 Normal, IL 61790-1300

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<i>Office Use Only</i>	Account # 4922
Verified as a retiree with ____ years of service on _____ by _____	
Processed by Financial Aid on _____ by _____	