

BOISE STATE UNIVERSITY – HUMAN RESOURCE SERVICES

Reciprocal Fee Waiver Request

Student ID#: _____ Semester _____ Year _____

Student's Name: _____
(Please Print)

Subject & Catalog Number Ex: ENGL 101	University Attending* (ex. BSU)	Title of Class	Number of Credits	Time of Class (MWF 11:40-12:30)

*Complete a separate fee waiver for each institution you are attending.

Employee Signature: _____ Date: _____

Print Employee Name: _____ ID#: _____

Department: _____ Phone Number _____

Supervisor's Signature: _____ Date: _____
Required if employee is attending Idaho State University)

Dean or Director's Signature: _____ Date: _____
Required if employee is attending Idaho State University)

State Board Affiliate Agency: _____ Phone Number: _____
Spouse's Fee Waiver: () Yes () No
Supervisor's Signature or Affiliate Approver: _____ Date: _____

It is your responsibility to provide ALL of the above information. Failure to do so will delay processing of the fee waiver.

HRS OFFICE USE ONLY: <input type="checkbox"/> Approved _____ <input type="checkbox"/> Disapproved _____
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