

## **Employee Reciprocal Fee Waiver Request**

Reciprocal agreements allow Boise State employees to take classes at other Idaho colleges and universities. Please see <u>Boise State's fee waiver policy 7045</u>. Check with the institution you plan to attend for specific rules and limitations.

Student ID#		Semester	Year	
Print Student Name				
Subject & Catalog Number Ex: ENGL 101	University Attending* (ex. Boise State)	Title of Class	Number of Credits	Time of Class (MWF 11:40-12:30)
*Complete a sepa	rate fee waiver for e	each institution you are attending.		
Employee Signature:			Date:	
Print Employee Name:			ID#:	
Department:			Phone Number:	
Supervisor's Signature: Required if employee is attending Idaho State University			Date:	
Dean or Director's Signature: Required if employee is attending Idaho State University			Date:	
State Board Affiliate	Agency:			
Phone Number:				
Spouse's Fee Waiver:	Yes No			
Supervisor's Signat	ure or Affiliate Ap	pprover:		
Date:		_		
HRS	S Office Use Only:	Approved	Disapproved/Rea	ason

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