



Please print. Return the completed form to UIC HR Service Center.

UIC HR Service Center
 401 Human Resources Building, M/C 900
UICHRtuitionwvr@uillinois.edu
 Fax: (312)996-1803

UIC Retiree	LAST Name		FIRST Name	
	UIN			
Employment at time of Retirement	Unit Employed at time of Retirement			
	FTE at time of Retirement		Retirement Date	
Requested Course Registration	Place of Enrollment		Semester	
	<input type="checkbox"/> University of Illinois at Chicago <input type="checkbox"/> University of Illinois at Springfield <input type="checkbox"/> University of Illinois at Urbana/Champaign		<input type="checkbox"/> Fall Year: _____ <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
	Course Title	Course Number	Credit Hour	Level Undergraduate / Graduate

I certify the above information is accurate.

Signature

Date

UIC HR Service Center use only:

Above employee retired from the University of Illinois at Chicago.
 No credit hour restrictions are in place for a Retiree.

UIC HR Representative

Date