

REDUCED FEE/RECIPROCAL AGREEMENT

College of Southern Idaho Employees

The student/employee is responsible to provide all required information, obtain CSI HR approval, and submit this form to the institution to which they are applying before the first day of classes. Failure to do so may delay processing and late fees may apply.

STUDENT

Name _____
(Please print)

University ID# _____ Semester: Fall Spring Summer Year _____
(Circle one)

Student plans to attend (circle one): BSU ISU LCSC NIC CWI					
Course #	Start date	Course title	Credits	Days	Time

CSI EMPLOYEE

Name _____ CSI ID# _____ DOH _____
(Please print) (Date of hire)

Signature _____ Date _____

Signature acknowledges all information is correct and in accordance with CSI Reciprocal Agreement Policy.

Department _____ Telephone _____

CSI SUPERVISOR

Name _____ Telephone _____
(Please print)

Signature _____ Date _____

As per IRS regulations, employees that have spouses taking graduate courses with this agreement will be assessed taxes on the full value of the courses in the calendar year in which those courses are taken.

CSI PAYROLL / HUMAN RESOURCE USE ONLY	
_____ Approved	Date _____
_____ Denied	Signature _____
Rev: 9/2017	