

RECIPROCAL AGREEMENT FOR COLLEGE OF SOUTHERN IDAHO EMPLOYEES / SPOUSES

Please check with the Institution in which you plan to enroll for their policies regarding the Reciprocal Agreement.

STUDENT ID# _____

STUDENT SS# _____

STUDENT'S NAME _____
(PLEASE PRINT) SEMESTER _____ YEAR _____

MAILING ADDRESS: _____

COLLEGE STUDENT PLANS TO ATTEND: **BSU** **CWI** **ISU** **LCSC** **NIC**
(PLEASE CIRCLE ONE)

THE FOLLOWING INFORMATION MUST BE PROVIDED:

COURSE NUMBER	TITLE OF CLASS	NO. OF UNITS(CREDITS)	HRS OF CLASS

Employee Signature: _____

Print Employee Name: _____ SS# _____ ID# _____

Department: _____ Ext. _____ DOH _____
(Date of Hire)

Supervisor's Signature: _____ Date: _____

(Required if Employee is taking classes)

Payroll Signature: _____ Date: _____

It is the responsibility of the student/employee to provide **ALL** of the above information and to have reciprocal turned in by due dates. Failure to do so may delay processing and late fees may apply if the approved reciprocal agreement is not turned in by the due dates.

**** As per IRS regulations, employees who have spouses taking graduate courses through the reciprocal agreement will have to pay taxes on the full value of the courses in the calendar year in which those courses are taken. ****

HUMAN RESOURCE USE ONLY	
Approved: <input style="width: 50px; height: 20px;" type="text"/>	Date: _____
Disapproved: <input style="width: 50px; height: 20px;" type="text"/>	Processed by: _____