



TUITION BENEFIT FORM

PLEASE CHECK ONLY ONE SEMESTER:

FALL

SPRING

SUMMER

20 _____

20 _____

20 _____

EMPLOYEE INFORMATION

EMPLOYEE NAME _____ EMPLOYEE A# _____

VU DEPARTMENT _____

* MY COMPLETION OF THIS FORM CERTIFIES THAT THE STUDENT IS MY DEPENDENT FOR TAX PURPOSES AND MEETS THE QUALIFICATIONS ACCORDING TO THE UNIVERSITY MANUAL.

STUDENT INFORMATION

STUDENT NAME _____ STUDENT A# _____

STUDENT ADDRESS _____

STUDENT BIRTH DATE _____

A TUITION BENEFIT FORM MUST BE COMPLETED FOR EACH SEMESTER REQUESTING THE REMISSION.



FOR OFFICE USE ONLY

DEPARTMENT ACCOUNT # _____
 FUND ORG ACCOUNT PROG TERM

TOTAL TUITION CHARGES					EXGE
EMPLOYEE 3 FREE CR HR					EXGN
SUBTOTAL					EXGA
Less 50%					EXGD
SUBTOTAL					EXND
TOTAL TUITION REMISSION					EXNA
STUDENT ACTIVITY FEE					EXGS
TOTAL REMISSION					EXNS