



# TUITION BENEFIT FORM

PLEASE CHECK ONLY ONE SEMESTER:

FALL

20 \_\_\_\_\_

SPRING

20 \_\_\_\_\_

SUMMER

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
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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