



Widener University

GRADUATE ASSISTANT / GRADUATE FELLOWSHIP TUITION FORM

Student Name: _____

Widener Student ID number: _____

Graduate Program: _____

Student is: U.S. Citizen/Permanent Resident _____ Non- U.S. Resident _____

The student MUST be registered for the semester indicated prior to the Department submitting this form.

Department Name: _____

Person Authorizing (Print Name): _____

Account Code (4 Numbers): ____-____-____-____ Department Cost Center (5 Numbers): ____-____-____-____-____

<u>Total Credit Hours:</u>	<u>*Total Tuition Amount</u>
Summer 20____: _____ credits	\$ _____
Fall 20____: _____ credits	\$ _____
Spring 20____: _____ credits	\$ _____

<u>Additional Charges Covered:</u>	<u>Technology/Registration/Course Fees</u>
Summer 20____:	\$ _____
Fall 20____:	\$ _____
Spring 20____:	\$ _____

If tuition charges are left blank Student Financial Services will assume all semester tuition charges for the credit hours indicated are covered by the department.

- The purpose for granting tuition remission is (check):
- _____ Scholarship- no services required
- _____ Assistantship- Services required
- _____ Teaching
- _____ Research
- _____ Other _____
- _____ Individual is receiving a stipend
- _____ Individual is not receiving a stipend

Department Authorizing Signature: _____ Date: _____

Attach: student contract

Return this form to:

Student Financial Services
Phone: 610-499-4161
Fax: 610-499-4687