



# TUITION MODIFICATION

RETURN FORM TO:  
 College of Graduate Studies MS# 933  
 University Hall, Room 3190

## CURRENT TUITION

EPAF TUITION

SCHOLARSHIP

## STUDENT INFORMATION:

Name \_\_\_\_\_ Rocket# \_\_\_\_\_

Residency \_\_\_\_\_ College/Department \_\_\_\_\_

## CURRENT EPAF/TUITION SCHOLARSHIP INFORMATION:

EPAF #	EXEMPTION CODE	TUITION HOURS	SEMESTER	YEAR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHANGE TO:	EXEMPTION CODE	TUITION HOURS	SEMESTER	YEAR
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Department Contacts:	MS#	Phone	Date
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Requestor Name \_\_\_\_\_

Dean or Business Mgr. Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

If change is different than signed offer letter, student must also sign Tuition Modification Form.

Reason for Change