

This completed form should accompany a letter stating your reasons for the request.

TUITION REMISSION REQUEST FORM

GRADUATE PROGRAM

THEOLOGY DEPARTMENT

Name: _____

Address: _____

City, State, Zipcode: _____

Telephone: _____

Program enrolled in: _____

Request for _____ Academic Year.

Request for:

Teaching Assistantship: _____

Tuition Remission: _____

Total credits requested: _____

Summer ___ credits Fall ___ credits Spring ___ credits.

I have no outstanding "I" grades _____

Do you receive external financial aide for educational purposes?

Yes _____ No _____ If yes explain:

Please sign and date the form and have your advisor sign the form.

Student _____ Date _____

Advisor _____ Date _____