

THE UNIVERSITY OF ALABAMA IN HUNTSVILLE
OFFICE OF THE BURSAR

REQUEST TO ADD OR CANCEL THIRD PARTY TUITION ASSISTANCE

Date of Request: _____

Student Name: _____

Student Number: _____

Semester Requested: _____

Tuition assistance program to be adjusted. (You must submit a separate request for each program to be adjusted): _____

How should this program be adjusted? (CHECK ONLY ONE):

Reinstate:

Cancel:

Acknowledgement:

I understand that if this request is to cancel the third party tuition assistance program stated above and this request results in a balance due on my account, such balance is due upon submitting this request. I further understand that I must submit another request to have this program reinstated should I decide that I want the above stated program to be billed for the expenses it should pay for the semester indicated above.

I understand that if this request is to add or reinstate the third party tuition assistance program stated above and this request results in a credit balance on my account, any refund of that credit balance may be delayed if the University has already billed the above stated program for the semester indicated above.

I understand that if I participate in more than one third party tuition assistance program I must submit a request for each program that is being billed for the semester stated above.

STUDENT SIGNATURE

DATE

OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

APPROVED BY: _____ COMMENTS: _____