Doctoral Student Tuition Adjustment

STUDENT INFORMATION

Student Andrew ID: ________________________________ - OR - Student ID Card Number: ________________________________

Student Name: ________________________________  Last/Family First and/or Preferred MI
Home College: ________________________________  Department: ________________________________

ABD INFORMATION

Student has completed all requirements and is certified in AGOL (or a degree certification form has been submitted).

Certification Date: ________________________________  Semester: ________________________________

Course Number: ________________________________  Section: ________________________________  # of Units*: ________________________________

(Final Semester Research)

Department Head Authorization: ________________________________  Date: ________________________________

Dean Authorization: ________________________________  Date: ________________________________

Tuition Adjustment Guidelines

Five (5) units - For self-supported students and ABS candidates returning for final semester.

If a student completes all requirements and defends by:

• September 30 in the Fall or February 28 in the Spring - Tuition will be adjusted to $0; however, student will remain enrolled for a minimum of 36 units for the semester.
• October 31 in the Fall or March 31 in the Spring - Tuition would be adjusted to 50% of the full-time tuition but student will remain enrolled for a minimum of 36 units.
• After October 31 in the Fall or March 31 in the Spring, but BEFORE the start of the next semester - Student would not be eligible for a reduction of tuition and will remained enrolled for a minimum of 36 units.

URO USE ONLY

Date: ________________________________  Semester: ________________________________

Course Added: 01-999-Section A, 0 Units

Tuition Adjustment %: ________________________________  Approval: ________________________________

Removal of Fees: □ ACT □ PAT □ TECH □ PENALTY

Initials/Date

Initials/Date

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