



UVF TUITION ASSISTANCE FORM

(Submit via email, fax or regular mail using contact info at bottom of form.)

Enrollment Period: Year _____ **Term** _____

STUDENT INFORMATION

Name: (Last, First & M.I.) _____

Student ID# _____ Social Security # (SSN): _____ - _____ - _____

Address: _____

Cell Phone: _____ Phone, Other (if applicable): _____

UVF email: _____@mail.valleyforge.edu

Degree/Major: _____ Level: Undergraduate ___ Graduate ___

Are you a Guest Student (pursuing a degree at another institution)? Yes ___ No ___ If "yes", provide primary institution's Name: _____ & State: _____

TUITION ASSISTANCE COURSES:

	Course Code	Title	Credit(s)	Online?
1.	_____	_____	_____	Yes___ No___
2.	_____	_____	_____	Yes___ No___
3.	_____	_____	_____	Yes___ No___
4.	_____	_____	_____	Yes___ No___
5.	_____	_____	_____	Yes___ No___
6.	_____	_____	_____	Yes___ No___

Total Credits: _____

DEPARTMENT OF DEFENSE MILITARY BRANCH (check only one):

___ Army ___ Navy ___ Air Force ___ Marine Corps
___ Coast Guard ___ National Guard ___ Other, please specify _____

FORMS TO SUBMIT

If you have not done so already, please submit* your:

- Tuition Assistance Authorization Form**
- Joint Service Transcript (JST)
- Official high school and college transcripts

*Prospective, admitted and new students should submit forms to their admissions counselor. Current/returning students should submit forms via email, fax or regular mail (using contact information at bottom of this form).

**UVF cannot invoice your tuition assistance request unless we have received your Tuition Assistance Authorization form.

Additional Comments (if applicable):

STUDENT RESPONSIBILITIES

By signing below I acknowledge that I am responsible for the following requirements:

1. Submitting my (1) Tuition Assistance Authorization form and (2) this UVF Tuition Assistance form each semester for my courses to be invoiced.
2. Promptly reporting any changes in my contact information (including address and phone number) and enrollment status (including degree program and hours of enrollment) to UVF’s Office of the Registrar and SCO.

I further acknowledge that I am responsible for any overpayment or underpayment resulting from inaccurate or false information on this form, or failure to notify the UVF SCO and UVF’s Office of the Registrar of any status changes.

I certify that all information on this form is correct, and that I have read and agree to all contained in this **STUDENT RESPONSIBILITIES** section above.

Student Signature **Date**