



TUITION MODIFICATION

RETURN FORM TO:
Graduate Employment Office
gradassist@utoledo.edu

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 _____

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