



The University of Rhode Island Student Tuition and Fee Payment Form

Appointing Department: _____ Check one: Undergrad Grad

Department Contact Person: _____ Campus Phone: _____

Student's Name: _____ URI ID#: _____

Appointment Period: _____

Item Type: *(To be completed by Enrollment Services)* _____

Scholarship Name (if applicable): _____

Foundation Fund Number (if applicable): _____

Department's justification for waiver payments: _____

Waiver to be charged to: *(Please Note – Health Insurance waiver, if any should NOT be included below)*

Account <small>*Use 6582 for tuition. *Use 6583 for fees</small>	Fund	Department	Program	Project	Waiver Amount <small>(in dollars)</small>	Special Note

After completing the form, please obtain the signatures listed below in the order they are listed. The form must contain all previous signatures (as needed) once it is sent to Enrollment Services.

1. Department Authorization: _____ Date: _____
2. Grant & Contract Accounting (as needed): _____ Date: _____
3. Foundation (as needed): _____ Date: _____
4. Graduate School: _____ Date: _____
5. Enrollment Services: _____ Date: _____