



## The University of Rhode Island Student Tuition and Fee Payment Adjustment Form

Appointing Department: \_\_\_\_\_ Check one: Undergrad  Grad

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Department Contact Person: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Student's Name: \_\_\_\_\_ URI ID#: \_\_\_\_\_

Appointment Period: \_\_\_\_\_

Foundation Fund # (if applicable): \_\_\_\_\_ Item Type: *(To be completed by ES)* \_\_\_\_\_

Scholarship Name (if applicable): \_\_\_\_\_

Department's justification for waiver payments: \_\_\_\_\_

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**From:** (This is the chartfield string to be credited)

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

**To:** (This is the chartfield string to be charged)

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: \_\_\_\_\_