PRO-RATED TUITION EXCEPTION FORM

BRIGHAM YOUNG UNIVERSITY

Mail to: Financial Services • A-153 ASB • Provo, UT 84602-1128 • Fax to: (801) 422-0241

Email to: financialservices@byu.edu

Name:							Date:			
(Last N	lame)		(First Na	ame)	(Middle Initial)				
I.D. Number:					E-Mail:_			Phone:		
Mailing Addres	s:					Permaner	nt Address:_			
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(City)		(State)			(Zip Code)	(City)		(State)	(Zip Code)	
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√ Failure	to inc	lude	the	requ	ired docu	mentation c	ould resul	t in the <u>den</u>	nial of your petition.	
☐ Financial Difficulty (budget required) ☐ Bud ☐ University Error (memo required) ☐ Mel						☐ Budget ☐ Memo fr	Doctors Note Included Budget Included Memo from Dept. or Individual who made the error Memo from Dept.			
Semester/Ter		eque	st:	Year _.		[] Fall	[] Winter	[] Spring	[] Summer	
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Supporting details and/or additional information:											