



MSC 6702, Harrisonburg, VA 22807  
Phone: (540) 568-6131

### TUITION ONLY AGREEMENT

*The purpose of this form is to verify an agreement for tuition only award between the graduate student, department, and The Graduate School (TGS).*

#### **Student Information**

Student Name:

Student ID#:

Student email:

#### **Tuition Information**

Position Type: tuition only scholar

Semester(s) :

Tuition Funds Provided: \$  
AND/ OR

Total Tuition Hours Covered:

Tuition Rate:

in-state

out-of-state

Tuition Paid by Dept. Org #

#### **Department Information**

Department Name:

Contact Person Name & E-mail:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Signature \_\_\_\_\_ Date \_\_\_\_\_

Graduate School Signature \_\_\_\_\_ Date \_\_\_\_\_