

[INSTITUTION NAME]

[Street Address]
[City, State, Zip]
[Tax ID / EIN]

TUITION CREDIT

Invoice #: _____
Date: _____

Student Information:

[Student Full Name]
Student ID: [ID Number]
Academic Term: [Term/Year]

Bill To / Payer:

[Name/Parent/Guardian]
[Mailing Address]
[Email/Phone]

Description of Charges	Amount
Tuition Fees - [Major/Program]	\$ 0.00
Administrative/Laboratory Fees	\$ 0.00
Applied Tuition Credit / Scholarship	(\$ 0.00)

Subtotal: \$ 0.00
Total Credits Applied: (\$ 0.00)

Balance Due: \$ 0.00

Please make checks payable to **[Institution Name]**.

For inquiries regarding this statement or applied credits, please contact the Financial Aid Office at [Phone/Email].