

PURDUE UNIVERSITY

APPLICATION FOR RECIPROCAL TUITION REMISSION Ball State – OHIO

For: Fall _____ Spring _____ Summer I _____ Summer II _____

Student Name: _____ Student ID Number: _____

Address: _____

County of Residence: _____

Campus: Muncie Class: _____ School: _____ Program of Study: _____

This remission is available under an agreement between the Indiana Commission for Higher Education and the Ohio Board of Regents through June 30, 2005.

The reciprocal tuition benefit must be applied for each semester. Failure to complete this application will result in the assessment of full non-resident tuition. If the county of residence changes, the student may be assessed full non-resident tuition/fees.

Student Signature: _____ Date: _____

Approved: _____ Date: _____
(Purdue site personnel)

Return completed form to: Bursar's Office/Room 14 Hovde Hall, 610 Purdue Mall, West Lafayette, IN 47907-2040