



Controller's Office – SU80
Financial Affairs
777 Glades Road
Boca Raton, FL 33431
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fax: 561.297.0683
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TUITION PAYMENT VERIFICATION FORM

Please allow one week for processing. Please complete the following:

Student Name: _____

Student Z Number: _____

Semester: _____ Year: _____

Email Address: _____

Telephone Number: _____

To be completed by the Controller's Office:

Total Amount Paid: \$ _____

Total Credit Hours Enrolled: _____

Tuition & Fee Cost Per Credit: _____

Future Semester*: Yes _____ No _____ If yes, this is not an official verification. It is to give your company an estimated cost for the above requested semester.

Authorized Signature

Title

FAU Date Stamp: _____

* Please Note: Only current and previous semesters can be officially verified. Future semesters cannot be officially verified until after the semester registration drop/add period.

5/8/08