Ball State University

Employee Benefit Program Application for Retiree Fee Remission

Instructions: Complete this form and submit to the Payroll and Employee Benefits Office. Each application form validated by the PEB Office will be forwarded to the Office of Scholarships and Financial Aid for review and coordination with other student financial aid programs. The PEB Office will return one copy of the approved form to the retiree.

If this application is not approved, it will be returned to you with the comment(s) indicated. Questions should be addressed to the PEB Office.

Retiree Information:				
Retiree's Name:(Last)	(First)	Social Security	No:	
,	, ,	(Wildale)		
Department:				
Fee Remission Request: (Mark all applicable boxes)	Fall Semester	ter Summer Semester 1 st Summer	er Term	
Date:	_ Signature:			
* You are asked to provide and will not be penalized i		or identification purposes. However, yo	ou are not required to do so,	
Office Use Only				
Payroll and Employee Benefits Office		Office of Scholarshi	Office of Scholarships and Financial Aid	
□ Validated	□ Disallowed	□ Approved	□ Not Approved	
Comments:		Comments:		
(Signature)	(Date)	(Signature)	(Date)	