



**Bryant University
Office of Financial Aid
2019-2020 Graduate Student Information Form**

Name: Student ID:

Address:
Street Address City State Zip Code

Home Phone:

E-mail:

Program:

	Fall 2019	Spring 2020	Summer 2020
Will you be enrolled at least half-time (6 credits) - yes or no?			
Please enter number of credits per semester.			
Will you receive reimbursement for your tuition from your employer or another source-yes or no? If no, skip to signature.			
If yes, in what amount (or percentage)?			

If you will be receiving employer funded tuition reimbursement, please enter the name and address of your employer:

Employer Name:

Employer Address:
Street Address City State Zip Code

Student's Signature

Date