



Graduate Tuition Modification Form

Term: _____ Student ID: _____

First Name: _____ Last Name: _____

(circle one) Degree or Certificate (check one) FNP Nurse Educator AG-ACNP

Course Number	Course Name	Credit Hours
Total Hours:		

SLHS Employee Work Information

SLHS Entity: _____ Department: _____

Employment Status: Full-time Part-time

Manager Signature: _____ Date: _____

Student Signature: _____ Date: _____