

**Tuition Authorization Voucher
The Ohio State University at Marion**

(This section to be completed by the school district)

Name of School District

Name of School

Name of Employee

Employee's Social Security Number

\$ _____
Tuition Amount Authorized

Quarter

Year

Restrictions imposed by the school district (circle one)

None

See Below

School District Signature and Title

Date

Employee Signature

The tuition amount authorized may be used in payment of up to two-thirds of the Instructional Fees and General Fee at OSU Marion during the quarter indicated. Bring this voucher, your fee statement, and check for the balance to The Ohio State University at Marion Business Office by the deadline shown on the fee statement. Unused portions revert to the school district for use in later quarters until they expire.

(This section to be completed by OSU Marion Business Office)

Number of Credit Hours Enrolled _____

College of Enrollment _____

Tuition Authorization Account #200960-221

Instructional Fee _____

General Fee _____

Non-resident Fee _____

Insurance _____

Total Fees Due _____

OSU Marion Business Office

Less Tuition Authorization Amount _____

Balance Due from Student _____

Date