UNIVERSITY OF WISCONSIN-MILWAUKEE

Graduate Assistant and Fellowship Certification Payroll Deduction Authorization (This is an optional form)

THIS FORM IS DUE NO LATER THAN THE RELEVANT TERM TUITION DUE DATE

I hereby authorize the University of Wisconsin to a portions of my tuition/fees per my contract or Fello paycheck(s) for the following semester(s).	owship from my Fall Semes Spring Sen Fall & Spr	Check One	
Print Name: Last, First, M.I.			
Social Security Number	Student ID Number		
Select all that apply. I certify that I am a Graduate \Box TA, \Box PA, \Box R	A, ☐ Fellowship recipient.		
Stude	ent Signature	Date	

Please return this card to: UWM Accounts Receivable Office, Mitchell Hall Room 295, 3203 N Downer Avenue, Milwaukee, WI 53211 no later than the relevant semester's tuition due date. Late charges and special course fees CANNOT be included in this deduction. Refer to Payroll Procedures for more information (http://www4.uwm.edu/hr/payroll/procedures/upload/Tuition Fees-Payroll-Deduction-Plan.pdf).

Reviewed February 18, 2016