



**Bryant University  
Office of Financial Aid  
2024-2025 Graduate Student Information Form**

Name:  Student ID:

Address:

Street Address City State Zip Code

Home Phone:

E-mail:

Program:

	Fall 2024	Spring 2025	Summer 2025
<b>Will you be enrolled at least half-time (6 credits) - yes or no?</b>			
<b>Please enter number of credits per semester.</b>			
<b>Will you receive reimbursement for your tuition from your employer or another source-yes or no?</b>			
<b>If yes, in what amount (or percentage)?</b>			

**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**