



Actuarial Exam Fee Reimbursement Application Form

I. Applicant Information

(1) Name: _____ (2) Perm Number: _____

Legal First (Preferred First), Middle Initial, Last

(3) Degree Level: Undergrad Graduate (4) Major: _____

(5) Expected Graduation: _____ (6) Upcoming Change of Degree Status?

Yes No

(7) UCSB Email: _____ (9) I am an international student

Yes No

(8) Other Email: _____

II. Reimbursement Information

(1) Exam to be reimbursed: _____ (2) Amount: \$ _____

(3) Date of Exam: _____ (4) Order #: _____

(5) Previous Exam Passed: _____ (6) Date of Previous Exam: _____

Student Signature: _____ **Date:** _____

By signing this form I certify that all information I provided above are true and accurate to the best of my knowledge, and I agree to provide any supportive documents that the PSTAT department requires in order to verify the above information or further process my application..

(For Official Use Only)

Actuarial Association Membership Check
 Document II: Exam Transcript

Document I: Exam Order History
 Document III: Passport & I-94 (Check if received or N/A)

Signature

Director of Actuarial Program

Date: _____