



New York University

Office of the Bursar

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REQUEST FOR STATEMENT OF FEES

NAME: Mr. Ms. Mrs.

ID# _____

SCHOOL _____

REGISTERED IN: _____

TERM(s) _____

REQUESTED: _____

DAYTIME

TELEPHONE

NUMBER: _____

ADDRESS:

SIGNATURE OF STUDENT

DATE

TELEPHONE NUMBER

ALLOW 2-3 DAYS FOR PROCESSING