


**Bryan** COLLEGE OF HEALTH SCIENCES  
**BILLING ADJUSTMENTS FORM**

**Student Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**ATI/TEAS/CAAP Make-up Fine**  
 Original test date: \_\_\_\_\_  
 Make up fee amount: \_\_\_\_\_

Cost center: \_\_\_\_\_ Billing code: \_\_\_\_\_  
 Re-scheduled test date: \_\_\_\_\_  
 Charges requested by: \_\_\_\_\_

**BNA Make-up Fine**  
 Date class missed: \_\_\_\_\_  
 Make up fee amount: \_\_\_\_\_

Cost center: \_\_\_\_\_ Billing code: \_\_\_\_\_  
 Date class made up: \_\_\_\_\_  
 Charges requested by: \_\_\_\_\_

**Skills Lab/Clinical Make-up Fine**  
 Date class missed: \_\_\_\_\_  
 Make up fee amount: \_\_\_\_\_

Cost center: \_\_\_\_\_ Billing code: \_\_\_\_\_  
 Date class made up: \_\_\_\_\_  
 Charges requested by: \_\_\_\_\_

**No Show No Call Fine**  
 Date missed: \_\_\_\_\_  
 Amount: \_\_\_\_\_

Cost center: \_\_\_\_\_ Billing code: \_\_\_\_\_  
 Date Class make Up: \_\_\_\_\_  
 Charges requested by: \_\_\_\_\_

**Lost Medication Key Fine**  
 Amount: \_\_\_\_\_

Cost center: \_\_\_\_\_ Billing code: \_\_\_\_\_  
 Charges requested by: \_\_\_\_\_

**Transition Course Fee**  
 Course Number & Name: \_\_\_\_\_  
 Amount: \_\_\_\_\_

Cost center: \_\_\_\_\_ Billing code: \_\_\_\_\_  
 Charges requested by: \_\_\_\_\_

**Graduation Fees (see attached list)**

Cost center: \_\_\_\_\_ Billing code: \_\_\_\_\_

**ATI/TEAS/CAAP Testing Fees (see attached list(s))**

Cost center: \_\_\_\_\_ Billing code: \_\_\_\_\_

**Billing Adjustments (BSN Completion program test out option, Health Professions distant site discount)**

Changes requested by: \_\_\_\_\_ Date: \_\_\_\_\_ Cost center: \_\_\_\_\_ Billing code: \_\_\_\_\_

Explanation of adjustment: \_\_\_\_\_

\_\_\_\_\_  
 Registrar Signature

\_\_\_\_\_  
 Date

**Original to:** Student File  
**Copy to:** Registrar  
 Student Accounts Billing  
 Dean of Operations