Federal I-901 SEVIS Fee Reimbursement Request

The WSU/GEOC-AFT Collective Bargaining Agreement provides funds to reimburse GEOC represented bargaining unit members up to the full cost of the Federal I-901 SEVIS fee paid to Immigration and Naturalization for processing visas for international students. The agreement states:

> GEOC Employees with international status who begin their graduate programs in the years covered by this Agreement will also receive reimbursement of their one-time Federal SEVIS fee (I-901) upon application as described in this Article (XVII). The employee must be a student in good standing at the time of application for reimbursement. The Employee also must be a current member of the bargaining unit in good standing at the time of application for reimbursement. Application must be made through the Office of the Dean of the Graduate School no later than the eighth week of the fall semester. The amount paid by the University reimbursement of the Federal SEVIS fees for GTAs and GSAs will not exceed $10,000 per academic year, to be distributed equally among all qualified applicants up to the full amount of the Federal SEVIS fee. (*Graduate Employees Organizing Committee Collective Bargaining Agreement, Article XVII*)

This form must be completed and returned to the Graduate School to request reimbursement of the Federal I-901 SEVIS Fee.

Name

Banner ID

WSU AccessID Email

Employing Department/Unit

Mailing Address

City, State, Zip Code

Amount of SEVIS Fee Paid

Country of Origin/Location of Fee Payment

First Term of Enrollment at WSU

My signature, below, confirms that (a) I am actively enrolled in a Wayne State University graduate program, (b) I am currently in good academic standing, and (c) I personally paid the Federal I-901 SEVIS Fee as noted in the above application. I understand that the reimbursement allowed under the WSU/GEOC-AFT Collective Bargaining Agreement will be dependent upon the number of students seeking reimbursement and may be less than the fee that was assessed.

_____   _____
Signature   Date

Please attach the I-901 SEVIS Fee Receipt to this Request Form.
Reimbursements cannot be processed without a receipt.