



SOA ACADEMIC EXAM FEE REIMBURSEMENT APPLICATION

APPLICATION DEADLINE: Application and documentation **due within 90 days of grade release.**

Applicant Information

Last Name/Family Name		First Name	Middle Name	
Street or P.O. Box			Date of Birth (Month – Day – Year)	
City	State/Province	ZIP/Postal Code	Country	
Business Phone	Home Phone	E-Mail		

University/College Information

University/College:	Dept:	Date Started Full Time:
City	State/Province	Country
University/college official who will be sending letter to confirm full-time faculty or PhD student status:	Official's Name and Title	Official's Phone and Email

Exam Information

Please mark the exams/assessments for which you are seeking an 80% reimbursement and provide date taken/downloaded:

- | | |
|--------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Exam MLC / LTAM | Date exam taken: _____ |
| <input type="checkbox"/> Exam MFE / IFM | Date exam taken: _____ |
| <input type="checkbox"/> Exam C / STAM | Date exam taken: _____ |
| <input type="checkbox"/> Exam SRM | Date exam taken: _____ |
| <input type="checkbox"/> Exam PA | Date exam taken: _____ |
| <input type="checkbox"/> FAP Interim Assessment* | Date assessment downloaded: _____ |
| <input type="checkbox"/> FAP Final Assessment* | Date assessment downloaded: _____ |
| <input type="checkbox"/> FSA-Level Exam (name of exam) _____ | Date exam taken: _____ |

*On a retake, only the retake fee amount will be reimbursed.

Application Checklist – To be completed by individual seeking reimbursement

FACULTY MEMBERS ATTEST TO THE FOLLOWING:

- I have already passed Exam P and Exam FM.
- I have passed the exam(s)/assessment(s) for which I am seeking reimbursement.
- On the date I took the exam(s) or downloaded the assessment(s) for which I am seeking reimbursement, I attest that I was employed as a full-time faculty member with the university or college listed above.

SIGNATURE: _____

DATE: _____

GRADUATE Ph.D. STUDENTS ATTEST TO THE FOLLOWING:

- I have already passed Exam P and Exam FM.
- I have passed the exam(s)/assessment(s) for which I am seeking reimbursement.
- On the date I took the exam(s) or downloaded the assessment(s) for which I am seeking reimbursement, I attest that I was enrolled as a full-time Ph.D. student with the university or college listed above.
- On the date I took the exam(s) or downloaded the assessment(s) for which I am seeking reimbursement, I attest that I had no other substantial employment outside the university/college.

SIGNATURE: _____

DATE: _____

Have you previously applied for reimbursement under this program? (Circle one) Yes No

SEE PAGE 2 FOR DOCUMENTATION REQUIREMENTS

[Eligibility requirements for the Academic Exam Fee Reimbursement program](#)

Documentation

In addition to this completed application, applicants must also arrange for the following documentation to be sent to the address provided below. The application and all documentation must arrive within 90 days of the date grades were released for the exam(s)/assessment(s) for which the 80% reimbursement is sought.

1. Signed letter of confirmation from university/college official on school letterhead verifying applicant's status as:
 - Full-time faculty member on the date exam was taken or assessment was downloaded.
 - OR
 - Full-time Ph.D. student on the date exam was taken or assessment was downloaded.
2. Official transcript reflecting most recently completed university/college coursework (required for Ph.D. student applicants only).

Note: Documentation must be sent directly from the school to the address provided below.

Completed application may be mailed to the address below or faxed to:

Academic Administrator
Fax: 847-273-8605

All supporting documentation must be sent via mail or courier to:

Society of Actuaries
475 N. Martingale Road, Suite 600
Schaumburg, IL 60173-2226
Attn: Academic Administrator

Questions regarding this application process should be directed to:

Tiffany Tatsumi
Academic Administrator
ttatsumi@soa.org
847-706-3509