Actuarial Exam Fee Reimbursement Program

Program Goal: Due to the generosity of several companies, we are offering reimbursement of professional actuarial exam fees for students who pass beyond their first exam taken. The reimbursement program will continue as long as we have funds. We are actively seeking more funding so we can continue to reimburse students.

Required Documents for reimbursement:
(We will not be able to reimburse you without the following items)

- Copy of your official passing grade. This may be found on the Society of Actuaries website under MY PROFILE under GRADE SLIP. The actual grade must be shown.
- COPY of Payment. This may be found on the Society of Actuaries website under MY PROFILE under ORDER HISTORY. It must include a method of payment and amount paid.
- You MUST be officially in the UCSB actuarial science major BOTH when you take the exam, AND when you apply for reimbursement. (Intending to transfer into the program does not count. Ineligibility also applies once you have graduated.)
- You MUST be a paid Actuarial Club member.
- Reimbursement requests must be received within 60 days of your notice of passing. It can be within EITHER 60 days after the preliminary notice of passing, or 60 days after a more formal notice (if there is one) is transmitted to you by the actuarial societies.
- For all F1 Visas you need to bring in your passport to Attach copy of Passport/picture page & Form I-94 Angelica Arce (South Hall 5607-B).

Take this and all Receipts to Angelica Arce (South Hall 5607-B) for APPROVAL

Name: _____________________________ Date: _____________________________
Address: _____________________________ PERM _____________________________
State & Zip: _____________________________ Expected date of graduation _____________________________
Email address other than umail _____________________________
Which exam passed? _____________________________ # of attempts _____________________________
Internship held? _____________________________
Job offers? _____________________________

Confirmation of the above information
Student Signature _____________________________

SIGNATURE (For Office use only)

Signature of Director of Actuarial Program _____________________________ Date _____________________________

If you have any questions regarding this form contact the Undergraduate Program Assistant by email at arce@pstat.ucsb.edu

***With approval from the Actuarial Program Directors Exceptions can be made.