

Application for the Tuition Exchange, Inc. Program

Application for what school year:	
Student Name:	
Student SSN:	
Student DOB:	
Student E-mail:	
Telephone:	
Permanent Address:	
Parent/Guardian Name:	
Parent E-mail:	
Years of parent employment:	
Academic years applying for:	
Total number of semesters applying for:	
Class status (circle one):	Freshman Junior
	Sophomore Senior
Universities/Colleges Applying to:	Application Status (circle one):
1	1. Applying, Accepted, Currently Enrolled
2	2. Applying, Accepted, Currently Enrolled
3	3. Applying, Accepted, Currently Enrolled
4	4. Applying, Accepted, Currently Enrolled
5	5. Applying, Accepted, Currently Enrolled
6	6. Applying, Accepted, Currently Enrolled
	itional sheets if necessary)

PLEASE NOTE: THIS APPLICATION DOES NOT GUARANTEE THE TUITION EXCHANGE BENEFIT. THE STUDENT MUST BE ACCEPTED BY THE RECEIVING INSTITUTION THROUGH THEIR TUITION EXCHANGE ACCEPTANCE PROCESS.

Employee Signature

Date