



APPLICATION FOR TUITION EXCHANGE
(Colleges and Universities outside of Viterbo University)

SECTION I – GUIDELINES FOR AWARDS

1. Benefit funding is for tuition only (student is responsible for fees, books, housing, etc.).
2. The student must be accepted to college/university and remain in good academic standing to receive benefit.
3. Priority will be given to students with application completed by November 1 prior to benefit year.
4. Employee will be required to complete this form each year for renewal of the exchange benefit.
5. Employee dependents must meet the IRS definition of a “*legal dependent”. Proof of dependency (copy of employee tax return) may be required.
6. Refer to **Personnel Policies, Administrative Procedures, and Regulations Handbook** for detailed eligibility information (www.viterbo.edu/hr).

**Return this form to the office of Human Resources
 Murphy Center – Room 200**

SECTION II –EMPLOYEE and STUDENT INFORMATION

Employee Name: _____ Datatel Id or SSN: _____

Have any of your dependents received the tuition benefit at another college? _____ How many? _____

*Legal Dependent Name: _____ SSN: _____ DOB _____

Address: _____

New Application Application Renewal Academic Year _____

SECTION III – COLLEGE/UNIVERSITY INFORMATION

Under each program, please list the official name of the school that student is interested in or has applied to. Please refer to exchange program websites for complete listings of participating institutions.

CIC - www.cic.org	CCCTE - www.cccte.org	TEP- www.tuitionexchange.org
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION IV – EMPLOYEE SIGNATURE

The information reported on this form is true and complete. I agree to notify the Liaison Officer or Human Resources of any changes to schools and/or employment status.

Employee Signature: _____ **Date:** _____

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HUMAN RESOURCE OFFICE USE ONLY

Employee full-time start date: _____ Department: _____

Employee is: _____ Administration _____ Faculty _____ Staff

I certify that the employee is full-time and the child is a legal dependent listed on this form is eligible for tuition exchange benefits:

Limitations/Restrictions: _____

HR Director Signature: _____ Date: _____

ADMISSION OFFICE USE ONLY

Processed by: _____ Date: _____

Comments: _____
