



University of the Incarnate Word

Tuition Exchange Program Application

Please complete, print, sign, and return **original** form to the Human Resources Office.

Program Applying For

Please select one The Council of Independent Colleges Tuition Exchange Catholic College Cooperative

Dependents Information

Name Social Security # Date of Birth

Marital Status of Student Single Married Divorced

Address E-mail

City State Zip code Phone Relationship to Employee

Institution Information

Institution Applying For Academic Year

Has Student: Applied to Institution Yes No Accepted to Institution Yes No

**Note-For CCC, student must be accepted to the importing institution prior to tuition exchange request.*

Please select one: New to Importing School Current Student at Importing School

Student Status will be: Full Time Part Time

Is student transferring from another Higher Ed Institution? Yes No

If transferring approximately how years completed?

Dependent's College Classification: Freshman Sophomore
 Junior Senior
 Returning Student

Completed FAFSA Yes When
 No Please arrange to do so

Special Applicant (i.e. summer session, graduate program) Yes No Please list reason

Other Institutions applied for (if applicable)

Employee Information

Name PIDM Date of Full-time Employment

E-mail Phone

Do you have other dependent's participating in a tuition exchange program? Yes No

If yes, list their name(s) and classification

I hereby apply for the tuition exchange program allowed for full-time employees of the University of the Incarnate Word. I affirm that I have read the tuition exchange program guidelines and understand the eligibility requirements.

Employee Signature Date

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