

University of Dayton
Office of Human Resources
Application for Tuition Exchange Program

www.tuitionexchange.org/partinst.cfm

Forms must be returned to the Office of Human Resources no later than **Nov. 1, 2021** to be considered for the following academic year. **Applicants must have 4 years of full time benefit eligible service at start of the academic year for which they are applying.**

<p>Employee:</p> <p>Name: _____</p> <p>Employee ID #: _____</p> <p>Home Telephone: _____</p> <p>Permanent Address: _____</p> <p>City ST Zip: _____</p> <p>Student Date of Birth: XXXXX</p> <p>E-mail address: _____</p>	<p>Student:</p> <p>_____</p> <p>Last 4 digits of SSN</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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I am applying for the Tuition Exchange program for the **2022-2023** academic year as a

- Freshman
 Sophomore
 Junior
 Senior

at the following member institution(s):

College/University	Address, City, State, Zip	Applying	Accepted	Enrolled
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand that this program is for children only who are pursuing an undergraduate degree. I agree, if asked, to submit evidence that my child is continuing ordinary progress toward a degree. I certify that the above named is a dependent child and he or she will be claimed by me for income tax purposes during the entire time he or she participates in this program. I also understand that I am responsible for paying the Tuition Exchange annual fee of \$40 for each year my child is enrolled in the program.

_____ Employee Signature _____ Date

_____ Dependent Child's Signature _____ Date

For Human Resource Use Only

Employee Seniority Date _____

Human Resource Approval _____ Date _____

Account 91590/ _____