



2022-23 Tuition Exchange Program Application

Tuition Exchange Program: <https://www.tuitionexchange.org/>

Deadline: November 15, 2021

Employee First Name	<input type="text"/>	9-digit Banner ID #	<input type="text"/>
Employee Last Name	<input type="text"/>	Phone number	<input type="text"/>
Employee email	<input type="text"/>	Years of employment	<input type="text"/>
Job title	<input type="text"/>	Department	<input type="text"/>
Employee type	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff	Is your dependent filing a FAFSA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Dependent Information

Student First Name	<input type="text"/>	Last 4 digits of SSN	<input type="text"/>
Student Last Name	<input type="text"/>	Phone number	<input type="text"/>
Student email	<input type="text"/>	Birthdate	<input type="text"/>
Permanent address	<input type="text"/>		

Student grade level for 2022-23 academic year: Freshmen Sophomore Junior Senior Graduate student

Has this student received this award in the past? Yes No

Tuition Exchange Institution(s) - List the school(s) to which dependent wishes to apply for a Tuition Exchange Scholarship.

Institution name	City, State	Application status
<input type="text"/>	<input type="text"/>	Applied for admission ____ Approved for admission ____ Currently enrolled ____
<input type="text"/>	<input type="text"/>	Applied for admission ____ Approved for admission ____ Currently enrolled ____
<input type="text"/>	<input type="text"/>	Applied for admission ____ Approved for admission ____ Currently enrolled ____
<input type="text"/>	<input type="text"/>	Applied for admission ____ Approved for admission ____ Currently enrolled ____



I have read and understand the provisions of the Tuition Exchange Program as described in the Tuition Exchange Program Policy and Procedures. I certify the information on this application is correct.

Employee signature

Date

Return completed application to Human Resources by fax to 313-577-0637, or by email to TuitionBenefit@wayne.edu.

HR Service Center USE ONLY	
Approved <input type="checkbox"/>	Denied <input type="checkbox"/> If denied, state reason _____
Certified by _____	Date _____
<small>HR Employee Signature</small>	