



RECERTIFICATION APPLICATION - TUITION EXCHANGE PROGRAM

FOR 2025-2026

DEADLINE FOR RETURN: Friday, October 18, 2024

EMPLOYEE INFORMATION

Employee's Name: _____
Ext.: _____ E-mail: _____
Home Telephone Number: _____

STUDENT INFORMATION

Student's Name: _____

Student's Social Security Number: XXX-XX-_____ Date of Birth: _____

Relationship to Employee: _____

Student's Permanent Home Address: _____

Student's Home Telephone Number: _____

Student's E-mail Address: _____

Name of institution that student will be attending through the Tuition Exchange program in 2025-2026:

Type of scholarship awarded: Tuition Exchange, Inc.
 (Please check only one) Council of Independent Colleges

Student's Anticipated College Graduation Date: _____ t a _____
 niversity Benefits
 Goldstein Academic Center
 Pleasantville Campus

_____ Date