



Application to Participate in Tuition Exchange

Employee Information

Employee Name (last, first, middle initial) _____

Employee identification number _____

Employee email address _____

Employee Status

Active Disabled Retired Beneficiary of deceased employee

Home Address _____

Telephone (_____) _____

Dependent Student Information

Dependent Name _____ Dependent Date of Birth _____

Last 4 Digits of Dependent Social Security Number _____

For which academic year is the student applying? _____

4. Do you currently have a dependent using the Tuition Exchange Award? No Yes

If Yes: Dependent Name _____ Last 4 Digits of SS# _____

Year Enrolled in Tuition Exchange Program _____ Expected Graduation Year _____

Institutions to Which Tuition Exchange Eligibility Certificates Should be Sent:

Name	City, State	Applying for Admission	Accepted for Admission

I have read and understand the provisions of the Tuition Exchange Program as described in the Faculty and Staff Benefits Handbook. I certify that the information on this application is correct and complete.

Employee signature/Date

The deadline for receipt of Tuition Exchange applications is December 16, 2020

Submit this form with a copy of dependent's birth certificate or your most recent tax return to show proof of relationship to: Boston University HR Service Center, 25 Buick Street, Boston, MA 02215

For Human Resources use only

DOH _____

Date applications mailed: _____

% Time _____

School attending: _____

Birth Cert/Tax Return Rec'd _____

Semesters eligible: _____