

TUITION EXCHANGE ANNUAL RENEWAL FORM

Employees of Washington College may use this form to apply to recertify existing Tuition Exchange benefits on behalf of their dependent student. Policies regarding the use of this exchange may be obtained from the Human Resources website at <http://hr.washcoll.edu> or by contacting the Director of Benefits Administration at 410-778-7799.

Instructions:

1. Complete this form, including the necessary signature from the Human Resources Benefits Administrator, and submit to the Registrar's Office for processing.
2. This form is only used to renew, adjust or terminate the Tuition Exchange benefit each year that your dependent remains in school. Use the Tuition Exchange Application for new dependents beginning to use the benefit.
3. Eligibility for Tuition Exchange is not guaranteed to any Tuition Exchange institution. Regular admission policies for the host institution apply. Confirmation of Tuition Exchange approval is typically made no less than 150 days prior to the student's expected start date at the institution.

Employee Information:

Last Name	First Name	MI	Washington College ID#
			/ /
Department	FT/PT Status	Hours per week	Date of Hire (mm/dd/yy)
Job Title	Telephone Number	Email Address	

Dependent Information:

			-	
Last Name	First Name	MI	SSN (last 4 digits)	Exp. Grad Term

Tuition Exchange Information:

Current Institution Name & Location	Class Year at Institution

Does your dependent intend to register for the Fall and/or Spring term of the current academic year?

☐ Fall

☐ Spring

☐ Both Terms

Does your dependent intend to register for the Fall and/or Spring term of the NEXT academic year?

☐ Fall

☐ Spring

☐ Both Terms

Employee hereby requests Tuition Exchange benefits on behalf of a dependent, and certifies that his or her dependent is eligible for these benefits as published in College policies.

Employee Signature	Date

FOR OFFICE USE ONLY

HR Signature: _____ Circle one: FT / PT Date received by Registrar's Office: _____

