CREIGHTON UNIVERSITY
TUITION EXCHANGE APPLICATION
2012-13 ACADEMIC YEAR

This information will be used to establish the employee's and student's eligibility for the Tuition Exchange Program. Due to the limited number of Tuition Exchange openings each academic year, not all Tuition Exchange applications will result in awards.
This Tuition Exchange must be received in the Creighton University Registrar's Office no later than **December 1,** before the student's Fall Semester of enrollment at a participating Tuition Exchange institution. Please print all responses legibly and completely.

EMPLOYEE'S INFORMATION:

Employee's Name_____ NetID _____

Position _____ Department _____ Campus Phone # _____

Employment Hire Date _____Years of Continuous Employment at CU _____
Years of Full-Time Service _____ Years of Part-Time Service _____

Home Address_____
Street City State Zip
Email Address_____

STUDENT'S INFORMATION:

Student Name _____ Student SS #_____
Email Address_____
Mailing Address _____
(if different than above)
Gender: ❑ Male ❑ Female
Date of Birth (mm/dd/yyyy) _____Anticipated Tuition Exchange Enrollment Semester & Year ____

You are requesting Tuition Exchange eligibility as:
❑ A New Freshman Undergraduate Applicant ❑ A New Transfer Undergraduate Applicant ❑ Renewal
❑ Other (explain): _____

*Please list those institutions for which Tuition Exchange certification is desired. The student must meet the admission and Tuition Exchange Program requirements and deadlines established at each Tuition Exchange participating institution. For a list of participating institutions, consult the Registrar's Office webpage at http://www.creighton.edu/Registrar.

_____ _____
_____ _____
_____ _____

I hereby certify that my child, the student named above, meets the eligibility requirements, as outlined on this application, to receive benefits under the Tuition Exchange Program. My signature below attests that the information on this Application is accurate and complete.

_____ _____
Employee's Signature Date

*Approximately five students will be granted certification to the schools of their choice by the employee's eligible length of service.

UPON COMPLETION SUBMIT TO:
Creighton University
Registrar's Office
FACHEX/ Tuition Exchange Coordinator
2500 California Plaza
Omaha, NE 68178

OFFICE USE ONLY:
CERTIFICATION YEAR: _____
DATE OF CERTIFICATION: _____

7/15/11