

Hendrix College
Tuition Waiver/Tuition Exchange Program

Employee's Name: _____

Employee's Address: _____

Employee's e-mail: _____

Social Security #: _____

Length of Full-Time Employment: _____

Program:

- Faculty/Staff Tuition Waiver
- Faculty/Staff Dependent Tuition Waiver
- Tuition Exchange Program
- ACS Tuition Exchange Program

Student's Name: _____

Student's Permanent Address: _____

Student's Phone Number: _____

Student's Social Security #: _____ E-mail: _____

List schools if applying for either tuition exchange program:

1) _____

2) _____

3) _____

Fall Semester: _____
year / # of anticipated courses

Spring Semester: _____
year / # of anticipated courses

Employee Signature Date

Human Resources Signature Date