



Tuition Waiver/Tuition Exchange Program

Employee's Name: _____

Employee's Address: _____

Employee's Email: _____

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 Social Security #: _____ Student's DOB: _____

Student's Email: _____ Student's Phone #: _____

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