

Please print all responses legibly and completely:

EMPLOYEE INFORMATION:

Employee Name: _____ NetID: _____

Position: _____ Department: _____

Home Address: _____
Street City State Zip

Email Address: _____ Campus Phone #: _____

STUDENT INFORMATION:

Student Name: _____ Student SSN: _____

Home Address: _____
Street City State Zip

Email Address: _____ Phone #: _____

Gender: Male Female Date of Birth (mm/dd/yyyy): _____

Desire Tuition Exchange Enrollment as: New Freshman for Fall New Transfer for Fall
 Renewal Other (explain): _____

Desire Tuition Exchange Enrollment at:
(See complete list of participating institutions at: <http://www.creighton.edu/registrar/tuitionexchangefachex/index.php>)

My signature below attests that the information on this application is accurate and complete. I understand that my and my son or daughter's eligibility for Tuition Exchange is outlined in the faculty or employee handbook and will be verified by the Human Resources department. I further understand that eligibility for Tuition Exchange does not guarantee my student's admittance at the desired institution(s) or a TE award. The student must meet the admission and TE program requirements and deadlines established at each TE participating institution.

Employee's Signature

Date

Submit Completed and Signed Application by December 1, 2013, to:
Creighton University Registrar's Office
2500 California Plaza Omaha NE 68178
Temporary Location: Reinert Alumni Library, Lower Level, UP Room
email: registrar@creighton.edu fax: 402-280-2527

OFFICE USE ONLY:
From HR: _____ Yrs _____ Mo
Cert Notification: _____
Inst Attending: _____
