COUNCIL FOR CHRISTIAN COLLEGES & UNIVERSITIES
Tuition Waiver Exchange Program

Application Form

To:_____ **From:**_____
(contact person - receiving institution) (contact person - sending institution)

Receiving Institution: **Sending Institution:**

_____ _____

_____ _____
(city, state, zip) (city, state, zip)

As a dependent of a full-time administrator, faculty or staff person at our institution, the following student is eligible for participation in the Council's Tuition Waiver Exchange Program. Please notify me at your earliest convenience whether or not this student will receive a tuition waiver under the Council's cooperative program among participating member colleges.

Student's Name: **Employee Name:**
Address: **Position:**

Social Security Number: **Years at Institution:** _____

Academic Term Starting (semester or term/year)_____ /_____

This applicant is: __ Applying as a new student to your institution.

__ A current student at your institution who has not previously participated in the Council's Tuition Waiver Program.

__ Readmitting to your institution

_____ _____ _____
(Signature - Sending Institution Contact Person) (Telephone) (Date)

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NOTIFICATION OF ACCEPTANCE OR REJECTION

This student has been accepted for a tuition waiver under the Council program beginning with the _____ academic term.

We regret that this student has not been accepted for a tuition waiver under the Council program.

_____ _____ _____
(Signature - Receiving Institution Contact Person) (Telephone) (Date)

Please note: Two copies of this form should be sent by the **Contact Person** at the sending institution to the **Contact Person** at the receiving institution. The determination as to the student's acceptance or rejection should be made as quickly as possible, with notification given on this form. One copy is then sent back to the sending institution and one copy retained for the files at the receiving institution.

updated 5/2002