

Tuition Waiver Exchange Program (TWEP) Application Form

10:		From:	
Printed Name & Title (Contact Person at Receiving Institution)		Printed Name & Title (Contact Person at Sending Institution)	
Receiving Institution		Sending Institution	
Name:		Name:	
Address:		Address:	
City, State & Zip:		City, State & Zip:	
participation in the Cou	l-time administrator, faculty, or sta uncil's Tuition Waiver Exchange Pro uition waiver under the Council's co	ogram. Please notify me at yo	ur earliest convenience whether or not this
Student's Name:		Employee Name:	
Address:		_ Title:	
		Email:	
City, State & Zip:		Years at Institution:	
Email:		_	
Last Four Digits Only)	oer:ting (Semester or Term/Year): _		
This Applicant is:			
		institution who has not pre	eviously participated in TWEP
 Signature of sending instit	 tution contact person	 Phone	 Date
	Notification	of Acceptance or Reject	ion
	(From	n Receiving Institution)	
/	ent has been accepted for a tui academic term. (term/y	ear)	ncil program beginning iver under the Council Program.
	that this student has not been		
		_ Jigilatule	