WASHINGTON COLLEGE
EST. 1782

Office of the Registrar
300 Washington Avenue • Chestertown, MD 21620
PHONE 410-778-7299 • FAX 410-810-7159
EMAIL registrar@washcoll.edu
WEB registrar.washcoll.edu

TUITION EXCHANGE APPLICATION

Employees of Washington College may use this form to apply for new Tuition Exchange benefits on behalf of their dependent student. Confirmation of eligibility for these benefits, including the definition of a "dependent," may be obtained from the Human Resources website at *http://hr.washcoll.edu* or by contacting the Director of Benefits Administration at 410-778-7799.

Instructions:

1. Complete this form, including the necessary signature from the Human Resources Benefits Administrator, and submit to the Registrar's Office for processing.
2. Renewal of the Tuition Exchange benefit is required each year that your dependent remains in school. Use the Tuition Exchange Annual Renewal form to renew, adjust or terminate the Tuition Exchange benefit.
3. Eligibility for Tuition Exchange is not guaranteed to any Tuition Exchange institution. Regular admission policies for the host institution apply. Confirmation of Tuition Exchange approval is typically made no less than 150 days prior to the student's expected start date at the institution.

Employee Information:

Last Name	First Name	MI	Washington College ID#
			/ /
Department	FT/PT Status	Hours per week	Date of Hire (mm/dd/yy)
Job Title	Telephone Number	Email Address	

Dependent Information:

			-	
Last Name	First Name	MI	SSN (last 4 digits)	Exp. Start Term
Address (City, State, ZIP)	Telephone Number	Email Address		

Tuition Exchange Information:

Institution Name & Location	Current Status (Applied, Admitted, or Currently Enrolled)

Note: If student has applied to more than three institutions, please use the back of this form.

Employee hereby requests Tuition Exchange benefits on behalf of a dependent, and certifies that his or her dependent is eligible for these benefits as published in College policies.

Employee Signature	Dependent Signature	Date

FOR OFFICE USE ONLY

HR Signature: _____ Circle one: FT / PT Date received by Registrar's Office: _____