



Application for Tuition Exchange Program

Please complete this form and return it to the Office of Student Financial Services no later than December 3rd. The Office of Student Financial Services will review applications and students will be notified of their status in the program on or after December 17th.

Parent Information:

Name: _____ SEU ID Number: _____

Student Information:

Name: _____ SSN: _____

Address: _____
(If different from parent)

Telephone: _____ Email Address: _____

Current Year in High School (select one): **FR SO JR SR**

Classification in college during the 2009-2010 academic year (select one): **FR SO JR SR**

Please select the program you are applying for:

- Tuition Exchange _____
- CIC-TEP _____
- CCC-TE _____ (Requires separate application)

Please list the colleges or universities to which you plan to apply. (Please refer to the web sites for each program for complete lists.) **Schools can be added or removed at any time by calling Lawrence R. Contéro in the Office of Student Financial Services at 512-448-8527.**

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I certify that I will agree to the conditions of the TE program as required by St. Edward's University (the sponsor institution), the TE host institution, and the TE itself. I certify that the above information is accurate and that the applicant is my child as defined in the St. Edward's University Employee Handbook.

Employee Signature: _____ Date: _____

Student Signature: _____ Date: _____

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Office Use Only

Date Employed: _____ (_____ %) Full-time: Yes () No ()

Benefits Eligible: Yes () No () Certified: Yes () No ()