



VILLANOVA  
University

A CATHOLIC AND AUGUSTINIAN INSTITUTION FOUNDED IN 1842

# VILLANOVA UNIVERSITY

## Tuition Exchange Application

### Filing Deadline: October 1<sup>st</sup> annually

Student Name (please print)	Student Date of Birth	Student Social Security Number
Home Address	City	State
Zip		
Area Code and Telephone Number		
Employee's Name and Social Security Number (please print)	Check one: Faculty <input type="checkbox"/> Staff <input type="checkbox"/>	
*Date of hire (mm/dd/yy)	*To be considered for Tuition Exchange, employees must have completed the required years of full-time service prior to September 1 <sup>st</sup> of the academic year TE is to be used.	

1. Academic year for which student is applying for Tuition Exchange:      20 \_\_\_\_ - 20 \_\_\_\_
2. In the academic year listed in #1 above, student will be a (check one):      FRESHMAN       SOPHOMORE       JUNIOR       SENIOR
3. If student is an upperclassman, student is (check one):      ALREADY ENROLLED       TRANSFERRING IN
4. Is this a first-time application for Tuition Exchange? (check one):      YES       NO
5. Has student received Tuition Exchange in the past? (check one):      YES       NO
- If YES, how many years? (check one):      1 YEAR       2 YEARS       3 YEARS       4 YEARS
6. Has student previously participated in the Undergraduate Scholarship Assistance Reciprocal Program offered to full-time faculty children? This program is separate from Tuition Exchange and is administered by Academic Affairs. (check one): YES  NO
7. Has student previously received Tuition Remission for attendance at Villanova University? (check one): YES  NO
- If YES, how many years? (check one):      1 YEAR       2 YEARS       3 YEARS       4 YEARS

8. **Tuition Exchange schools to which student is *applying for admission* (please list):**

School	City	State

**“I understand that this program is open only to *natural* or *legally adopted*, dependent children of full-time employees who meet program guidelines. I hereby affirm that the child listed on this application is my *natural* or *legally adopted and dependent child*.”**

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Signature of employee	Date	Department	Daytime Telephone Number
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**Complete and return this form by the October 1<sup>st</sup> deadline through campus mail, addressed to Human Resources. If you have questions, please contact Human Resources at x97900.**