



GONZAGA UNIVERSITY TUITION EXCHANGE APPLICATION

Employee Name _____
Last First Middle

Employee Department _____

Employee Email Address _____

Date of Hire _____

Student Name _____
Last First Middle

Student Social Security Number _____

Student Address _____

Student Telephone Number _____

Student Email Address _____

Applying for Academic Year 20 - 20

Student Grade Level during the **Academic Year listed above** _____

List TE Institutions that the Dependent will be applying to for admission:

_____	_____
_____	_____
_____	_____
_____	_____

(TE institutions may be added/deleted after the application is submitted)

I certify that I will agree to the conditions of the TE program as required by Gonzaga University (the sponsor institution), the TE host institution, and the TE itself. I certify that the above individual is my legal dependent for the tax years listed under the IRS guidelines. (The term "legally dependent" child shall be limited to a child claimed on the employee's federal income tax return, and to a child named to receive support for education in either a separation agreement or divorce decree issued by a court.)

Employee's Signature Date

**Return to the Benefits Office, Gonzaga University,
502 E. Boone, Spokane, WA 99258-0082.**

Office Use Only:

I certify that the person named on this form is eligible to participate in the TE program during the _____ academic year. Human Resources Seniority Date _____

Human Resources Department, Gonzaga University Date