



Gonzaga University FACHEX/Tuition Exchange Eligibility & Information Form

Employee Name _____

Department _____ Title _____

Email Address _____ Hire Date (Month/Year) _____

Student Name _____ Last 4 of Student SSN _____

Mailing Address _____

Email Address _____ Student Home Phone # _____

Student's Current School _____

High School Graduation Date: _____

Applying for Academic Year: 20_____ - 20_____

FACHEX Institutions	Tuition Exchange Institutions

I certify that I will agree to the conditions of the TE & FACHEX program as required by Gonzaga University (the sponsor institution), the TE & FACHEX host institution, and the TE & FACHEX 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 Human Resources Office, Gonzaga University,
502 E. Boone; Spokane, WA 99258-0080 or AD Box 80**

Human Resources Office Use Only:

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

Human Resources Department, Gonzaga University

Date