



Office of Human Resources
 One Trinity Place
 San Antonio, TX 78212-7200
 Phone: 210-999-7507
 Fax: 210-999-7542

Tuition Exchange Request Form

APPLICATION TYPE: New Recertification

Employee Name: _____ Date of Request: _____

Date of Hire _____ Department: _____ TU ID #: _____

COMPLETE FOR YOUR DEPENDENT:

Full Name: _____

Last 4 of SSN: _____ DOB: ____/____/____

Permanent Address: _____

Email: _____ Phone Number: _____

Was the dependent child claimed as a legal exemption on your most recent federal income tax return? Yes No
 Has the dependent child had a break in degree program? Yes No

NAME OF SCHOOL:

STATE OF SCHOOL:

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

CLASS: Freshman Sophomore Junior Senior

ACADEMIC YEAR: _____ to _____ **EXPECTED GRADUATION DATE:** _____
 (Month/Year) (Month/Year) (Month/Year)

Please attach a list of additional schools/states to this form if needed. Submit the completed form to Human Resources.
If your dependent is applying to Trinity University you will also need to submit the Tuition Remission Request Form.

COMPLETED BY HUMAN RESOURCES

Eligible for Benefit: Yes No Approved Academic Year: Fall 20 _____ - Spring 20 _____

Approval Signature: _____ Date: _____