

Antioch University New England

TUITION EXCHANGE PRECERTIFICATION FORM

Directions: Complete the following information and return the form to the *Office of Human Resources* no later than September 15th.

Employee Information:

Last Name _____ First _____ Middle Initial _____

Hire Date for Benefited Employment _____

I hereby apply for the Tuition Exchange scholarship allowed benefited employees of *Antioch University New England* for my dependent child or my spouse. My signature below acknowledges that I have read and understand the Tuition Exchange program guidelines located in the Handbook/Policy section of FirstClass.

Employee Signature and Date _____

Student Applicant Information:

Dependent Child _____

Dependent Child Birthdate (*Month/Day/Year*) _____

or

Spouse _____

Please refer to the benefits section of the *Human Resources Employee Manual* located in the Handbook/Policy section of FirstClass for the Tuition Exchange program guidelines and calendar.

Return completed form to the *Office of Human Resources*.

Tuition Exchange Committee Eligibility

Approval (yes or no) _____

Date _____