

Tuition Exchange Program Application

Please return this completed form to: Louisiana Tech University Office of Financial Aid PO Box 7925 Ruston, LA 71272

Please be aware that a portion of the information provided below will be entered electronically into the Tuition Exchange website.

EMPLOYEE'S Last Name	First Name	MI		
Employing Department			Date of Hire (MM/YYYY)	
If retired, please provide date of retirement (MM/YYYY)	Employee's I	Email Address		
DEPENDENT'S Last Name	First Name	МІ	DEPENDENT'S SSN	
DEPENDENT'S Mailing Address (include Apt. No.)			DEPENDENT'S Date of Birth (MM/DD/YYY	Y)
City Sta	ate Z	ip Code	DEPENDENT'S Home Phone (Include area	code)
DEPENDENT'S Email Address			DEPENDENT'S Cell Phone (Include area c	ode)
Anticipated First Enrollment Date (MM/YYYY) Please List the TE Institutions where dependent is making	Applying for First Ac		Anticipated Year in College	
(you may add or delete from this list after the a	application is submitt	ed by contacting Dayl	ylen Griffin, Scholarship Coordinator, <u>dgriffin@latech.ed</u>	<u>du</u>)
Exchange host institution, and the Tuition Exchang	ge itself. I also certif I is limited to a child	y that the above indivi claimed on the Louisia	University (known as the sponsoring institution), the vidual is my legal dependent for the tax years listed uniana Tech University employee's Federal Income Tax I orce decree issued by a court.)	der the
Louisiana Tech University Employee Signature:			Date:	

Louisiana Tech University's Tuition Exchange Liaison will verify with Human Resources the employee's eligibility based on his/her tenure at Louisiana Tech University. If your application is approved, the TE Liaison will complete the TE Scholarship Certification and Application online

at TE's website for the schools listed above. Further correspondence will be provided by the TE Institutions noted above.

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