



HOBART AND WILLIAM SMITH COLLEGES



OFFICE OF HUMAN RESOURCES  
Coxe Hall

**TUITION EXCHANGE REQUEST FORM**

Date of Request \_\_\_\_\_

Employee Name \_\_\_\_\_

Date of Hire \_\_\_\_\_ Department \_\_\_\_\_

**COMPLETE THE FOLLOWING DEPENDENT INFORMATION:**

Dependent's Full Name \_\_\_\_\_

Dependent's Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name of School Attending \_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_

Name of Degree \_\_\_\_\_

Enrollment Dates:  Freshman  Sophomore  Junior  Senior

Academic Year \_\_\_\_\_ to \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_  
(Month/Yr.) (Month/Yr.) (Month/Yr.)

To be completed by Human Resources

**Employee Classification:**  Faculty  Administrative  Union/Hourly

**Eligible?**  Yes  No

**Approval Signature** \_\_\_\_\_