



HOBART AND WILLIAM SMITH COLLEGES

OFFICE OF HUMAN RESOURCES  
Coxe Hall

**TUITION EXCHANGE REQUEST FORM**

New Application       Recertification

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

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

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

Department \_\_\_\_\_

Email \_\_\_\_\_@hws.edu

**COMPLETE THE FOLLOWING DEPENDENT INFORMATION:**

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

Last 4 digits of SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

\_\_\_\_\_

Phone Number \_\_\_\_\_

Dependent's Email \_\_\_\_\_

Name of School(s) Attending:

School Address(es):

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

5. \_\_\_\_\_

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

Class:       Freshman       Sophomore       Junior       Senior

Academic Year: \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year)                      (Month/Year)

Expected Graduation Date: \_\_\_\_\_  
(Month/Year)

*If more space is needed, please attach list of additional schools/school addresses. Submit completed Tuition Exchange Request Form to HR for certification of eligibility. Contact HR if interested in Tuition Remission or Tuition Grant as these require separate applications.*

**To be completed by Human Resources**

Employee Classification:       Faculty       Administrative       Union/Hourly

Eligible?       Yes       No

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_