



HARDING

U N I V E R S I T Y

Tuition Exchange Application

Application Deadline: February 1 each year for the fall semester	
Dependent's First Name:	Dependent's Last Name:
Dependent's Address:	Dependent's SSN:
Dependent's E-Mail Address:	Has the dependent applied for admission and been accepted to approved TE Institutions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependents Telephone Number:	Please list Institutions of interest:
Dependent's College Classification <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	1) _____
	2) _____
	3) _____
Employee's Last Name:	Employee's First Name:
Employee's SSN:	Employee's Hire Date:
Employee's Department:	
I acknowledge that approval is based upon the number of imports and other qualified exports for the school year. If more applicants than positions are available, the selection process in the Harding TE guidelines will apply.	
_____ Employee's Signature	_____ Date

Please return form to:
Office of Human Resources
Box 12257