



LAWRENCE UNIVERSITY

TUITION EXCHANGE RECERTIFICATION REQUEST

Employee's Name _____

Campus Department _____

Student's Name: _____

Student's Email Address: _____

Recertification for academic year: _____

Student will be a sophomore junior senior

at college/university _____ State _____

Expected Graduation Date: _____

- I understand that eligibility to participate in the Tuition Exchange Program is determined by the guidelines adopted by Lawrence University and set forth in the Lawrence University Employee Handbook.
- I understand that I am responsible for the annual student participation fee (\$40 per exported student) that Lawrence pays to TE. A check for this fee, payable to Lawrence University, is included with this renewal application for the 2017-2018 academic year.

Employee Signature: _____ Date: _____

**PLEASE RETURN COMPLETED FORM, ALONG WITH \$40 FEE, TO:
OFFICE OF FINANCIAL AID, 711 E BOLDT WAY SPC 32, APPLETON, WI 54911**

---TUITION EXCHANGE RECERTIFICATION REQUESTS MUST BE SUBMITTED **ANNUALLY** BETWEEN NOVEMBER 1 AND FEBRUARY 15---