

## FACHEX/Tuition Exchange Request Form

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

Department \_\_\_\_\_ Position \_\_\_\_\_

Email Address \_\_\_\_\_ Hire Date (Month/Year) \_\_\_\_\_

Years of Continuous, full-time Service at Seattle University \_\_\_\_\_

Years of full-time Service at other accredited post-secondary institutions immediately prior to Seattle University:

Dates of Employment	Years/Months	Institution
_____	_____	_____
_____	_____	_____

Dependent Name \_\_\_\_\_ Dependent SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Current High School, College or University \_\_\_\_\_

Intended Entry Term (month/year) \_\_\_\_\_ Year in College (if applicable) \_\_\_\_\_

Major Interest(s) \_\_\_\_\_

FACHEX Institutions	Tuition Exchange Institutions

With my signature below, I hereby certify that the above-named student is my dependent child for federal income tax purposes, as defined in Section 151(c)(3) of the Internal Revenue Code.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date