MARLBORO COLLEGE
STAFF/FACULTY APPLICATION TO PARTICIPATE IN TUITION EXCHANGE (TE) PROGRAM

Marlboro College Employee Information:

Name: _____
Last First Middle Initial

Department:_____ Date of Hire: _____

E-mail Address:_____

I am applying to participate in TE for:

_____Myself

_____My Dependent Child (including adopted or step-children) through the age of 23.

Dependent / TE Applicant Information:

Name: _____
Last First Middle Initial

TE Applicant Mailing Address: _____

_____

Last Four of Social Security Number _____ Home Telephone Number _____

E-mail Address:_____

Anticipated First Enrollment Date in Academic Period: _____, 20_____
Month Year

Starting year in College (please circle one): Undergraduate: 1 2 3 4 -or- Graduate: 1 2

List TE Institutions and the state where Applicant is Applying for Admission and the institution's TE application deadline (Maximum 5 institutions):

_____ Application Deadline: _____

_____ Application Deadline: _____

_____ Application Deadline: _____

_____ Application Deadline: _____

_____ Application Deadline: _____

I agree to the conditions of the Tuition Exchange Program as required by Marlboro College, the Tuition Exchange host institution and the Tuition Exchange, Inc. itself. (Information is located at www.tuitionexchange.org).

_____ _____
Marlboro College Employee Signature Date

For College Use Only:

_____Faculty _____Staff _____Currently Employed _____Faculty Emeritus Status

_____Date of Hire Verified

_____Approved _____Waitlisted _____Not eligible _____Denied / reason: _____