



**OFFICE OF HUMAN RESOURCES
DEPENDENT TUITION EXCHANGE/CIC APPLICATION**

EMPLOYEE:

Employee's Name: _____ Date of Hire: _____

Have you used this benefit previously? Yes No

If yes, when _____ and for whom _____

DEPENDENT:

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Last four digits of Social Security No.: _____

Student email address: _____

Tuition benefit requested for the following period: Year in college:

- | | | | |
|---------------------------------|--------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Fall | Year: 20____ | <input type="checkbox"/> Freshman | <input type="checkbox"/> Sophomore |
| <input type="checkbox"/> Spring | | <input type="checkbox"/> Junior | <input type="checkbox"/> Senior |

Applications are to be sent to the following institutions: Please list all schools that your dependent is applying to and in their order of preference)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Students must be matriculated in a degree program in order to receive a benefit through the aforementioned programs. In addition, the Dependent Tuition Benefit is available for tuition charges only and limited benefits may apply.

I certify that this student is my dependent. Accordingly, my dependent will be claimed on my current income tax return and/or more than one half (1/2) of the dependent's support was received from me during the taxable year. The student will apply for the NYS Tuition Assistance program (TAP) for this period. The information given on this form is true to the best of my knowledge and I understand that misrepresentation of any statement on this form is cause for cancellation of the tuition benefit.

Employee's Signature

Date