

CORNELL COLLEGE REMISSION/EXCHANGE ELIGIBILITY APPLICATION

EMPLOYEE INFORMATION

Name _____

Position _____ Date of Full Time Employment _____

E-mail _____

Home Address _____

What academic year is this application for? _____

PERSON WHO WILL BE PARTICIPATING

____ Employee ____ Employee's Spouse or domestic partner ____ Employee's Dependent

Which program is the participant interested in participating? (May select more than one)

____ The Tuition Exchange ____ CIC ____ ACM Remission ____ Faculty Staff Remission/Cornell

PARTICIPANT INFORMATION

Do not need to complete if the participant is you, the employee

Name _____

Phone _____ Date of Birth _____

E-mail _____

Home Address _____

If the participant is your dependent, do they reside with the Cornell employee? Yes _____ No _____

If no, will the employee provide more than 1/2 their financial support during the academic year for which the student is applying? Yes _____ No _____

If the participant is the employee, your supervisor's approval is required.

Supervisor Signature

Date

Please return this application by November 16, 2018 to: Office of Financial Assistance, Second Floor, Old Sem

To be completed by Cornell College Human Resource Office

Is the employee named above, eligible to participate in the exchange program? Yes _____ No _____

If no, please explain _____

Signature

Date