



MILLIKIN UNIVERSITY®

Application for Tuition Exchange Participation

The Tuition Exchange, Inc. (TE) Council of Independent Colleges (CIC)

Tuition Exchange Liaison
Office of the Registrar
Gorin Hall Room 16
217.424.6217

MU Faculty/Staff Name: _____

Work Phone: _____

Dependent Student's Name: _____

Cell/Home Phone: _____

Address: _____

E-mail: _____

High School Name: _____

H.S. Grad Year: _____

Term of Planned Enrollment: _____
(Ex: Fall 2017)

Last 4 of SSN: _____

DOB: _____

Previous/Current College: _____

Year(s) Attended: _____

FAFSA Filed Previously (Y/N): _____

Year(s) Filed: _____

Universities/Colleges Under Consideration

Exchange Participation

	CIC	TE	Both
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____

Please take the completed form to Human Resources for eligibility verification.

Eligible: _____ Not Eligible: _____

Signature

Date

Received by Tuition Exchange Liaison: _____
Signature Date