

– REQUEST FOR COOPERATIVE TUITION EXCHANGE PROGRAM –

IMPORTANT NOTES

- (a) The program is available to regular full-time employees who are on the active payroll in their home institution.
- (b) Employees may enroll each term in an academic credit course, for up to four credits. Non-credit courses, including certificate programs, are not eligible for this program.
- (c) This program covers tuition only. All other fees in effect at the offering institution are the responsibility of the employee.
- (d) All policies, rates and charges are subject to change. Each employee, upon enrolling, automatically accepts the obligation to comply with the rules and regulations of the offering institution.
- (e) Enrollment in the course must not displace a regular tuition paying student from the class or add appreciable costs to the offering institution.
- (f) The offering institution reserves the right to withdraw any course, to change instructors, or to shift the location of any class. A course may be withdrawn in case of insufficient enrollment.
- (g) This benefit is not transferrable to a spouse or dependant child.

EMPLOYEE MUST TAKE THE FOLLOWING STEPS:

1. Complete employee section of this form and obtain supervisor's signature, if released time is required.
2. Obtain authorized signature of approval from home institution.
3. Take completed form to Registrar's Office at the institution where course is being offered.

OFFERING INSTITUTIONS

Delaware State University (Grossley Hall) – 1-302-857-6375 (Registrar)

Delaware Technical and Community College

Southern Campus – 1-302-856-5390 (Registrar)

Stanton Campus – 1-302-454-3958 (Registrar)

Terry Campus – 1-302-857-1080 (Registrar)

Wilmington Campus – 1-302-571-5317 (Registrar)

University of Delaware (Hullihen Hall) – 1-302-831-2131 (Registrar)

DELAWARE STATE UNIVERSITY
 DELAWARE TECHNICAL AND COMMUNITY COLLEGE
 UNIVERSITY OF DELAWARE

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_____**EMPLOYEE COMPLETES THIS SECTION**_____

NAME	SOCIAL SECURITY NUMBER	CAMPUS PHONE NUMBER
EMPLOYING INSTITUTION	DEPARTMENT	
EMPLOYEE CLASSIFICATION: <input type="checkbox"/> FACULTY <input type="checkbox"/> HOURLY STAFF <input type="checkbox"/> PROFESSIONAL STAFF <input type="checkbox"/> SALARIED STAFF		
OFFERING INSTITUTION AND CAMPUS LOCATION	COURSE TERM/QUARTER	
TITLE OF COURSE	COURSE NUMBER	MEETING DAYS AND TIMES

I certify that the information given herein and which my institution is authorized to verify, is true and complete and complies with appropriate policies. I agree to notify the appropriate office of any changes in the circumstances described in this request.

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE

_____**HOME INSTITUTION APPROVAL**_____

AUTHORIZED SIGNATURE	TITLE	DATE
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_____**FOR OFFICE USE ONLY**_____

TRANSACTION CODES		SOCIAL SECURITY NUMBER	LAST NAME
		ACCOUNT TYPE	TRANSACTION DATE
			AMOUNT
AUTHORIZED SIGNATURE		DATE	AMOUNT