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 A course may be withdrawn in case of insufficient enrollment.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

REQUEST FOR COOPERATIVE TUITION EXCHANGE PROGRAM

EMPLOYEE COMPLETES THIS SECTION

<table>
<thead>
<tr>
<th>NAME</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>CAMPUS PHONE NUMBER</th>
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<tbody>
<tr>
<td>EMPLOYING INSTITUTION</td>
<td>DEPARTMENT</td>
<td></td>
</tr>
</tbody>
</table>

EMPLOYEE CLASSIFICATION:
- [ ] FACULTY
- [ ] HOURLY STAFF
- [ ] PROFESSIONAL STAFF
- [ ] 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

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>TRANSACTION CODES</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>LAST NAME</th>
</tr>
</thead>
</table>

ACCOUNT TYPE

TRANSACTION DATE

AMOUNT

AUTHORIZED SIGNATURE

DATE

AMOUNT

C | R

Authorized Signature

DATE

AMOUNT

C | R