

**FULL-TIME TUITION BENEFIT
REQUEST FORM (FOR NEW TUITION BENEFIT OR RENEWAL)**

Instructions: The eligible employee should complete this form ten months prior (October) to the requested benefit year. Listings of colleges who participate in the Tuition Exchange program may be obtained by viewing the website: www.tuitionexchange.org/memlist.cfm. Return completed form to Carole Gracey, Finance & Operations Administrative Manager, Founders Hall #214.

Employee's Name: _____

Employee's Start Date of Full-Time Employment at Juniata College: _____

Dependent's Full Name: _____

Dependent's SS #: (last 4 digits only) _____ Dependent's Date of Birth: ____/____/____

Dependent's Home Address: _____

Dependent's Phone Number: _____

NEW TUITION BENEFIT INFORMATION:
Name of Intended College (you may list more than 1) _____

Benefit Requested: (check all that apply until your decision is finalized)

<input type="checkbox"/> Tuition Exchange	<input type="checkbox"/> Brethren Colleges Exchange
<input type="checkbox"/> Tuition Grant @ Juniata College	

RENEWAL INFORMATION: If Dependent is **ALREADY RECEIVING A TUITION BENEFIT.**

I am requesting a **continuation** of the benefit at (school): _____

As a returning student, dependent will be: Sophomore Junior Senior

Signature of Employee Date

Administrative Manager, Finance & Operations Date

Director of Human Resources Date