

TUITION REMISSION/WAIVER (2 pages)

STUDENTS NAME (LAST, FIRST, MIDDLE)		BIRTHDATE
REQUESTED BY (NAME OF WHITMAN EMPLOYEE)	DATE OF HIRE	___ FULLTIME
	ID #	___ PARTTIME ___ %

FEE REMISSION (PAYMENT OF TUITION FOR ATTENDANCE AT OTHER COLLEGE/UNIVERSITY)

COLLEGE/UNIVERSITY _____

ADDRESS (STREET) _____

CITY _____ STATE/ZIP _____

INSTITUTION'S TUITION _____

PAYMENT REQUESTED FROM WHITMAN COLLEGE _____

PAYMENT IS FOR	___ 1st SEMESTER 20___	___ FALL TERM 20___	PERCENT OF FULLTIME ATTENDANCE _____ %
		___ WINTER TERM 20___	
	___ 2nd SEMESTER 20___	___ SPRING TERM 20___	

MAKE CHECK PAYABLE TO _____

CHECK DELIVERY INSTRUCTIONS

___ MAIL TO ABOVE ADDRESS	
___ WILL PICK UP (Mem 107)	Ext # _____
___ MAIL TO _____	

WAIVER OF WHITMAN TUITION FOR CHILD

___ % OF FEE WAIVED	___ FALL SEMESTER	___ FULL-TIME STUDENT
	___ SPRING SEMESTER	

TUITION EXCHANGE PROGRAM (Fill out back side also)

COLLEGE ATTENDING _____

SEMESTER/YEAR _____

PERCENT OF FEE WAIVED _____ %

Employee requests a fee remission or tuition waiver as indicated above. The employee does hereby certify that the child is a legal dependent (IRS definition) of the employee and is under the age of 24. If tuition is granted to an employee for any person which falls outside the dependent status, this benefit is a taxable benefit to the employee and will be reported according to IRS regulations.

EMPLOYEE SIGNATURE _____ **DATE** _____

APPROVED	DATE	(BUSINESS OFFICE USE ONLY)	DATE
		ACCOUNT NUMBER _____	
		CHECK NUMBER _____	

NORTHWEST INDEPENDENT COLLEGES TUITION EXCHANGE

CERTIFICATION OR RECERTIFICATION OF ELIGIBILITY

To: Laura Head, Dir. Fin. Aid, NIC Tuition Exchange Liaison Officer
Willamette University (institution)
900 State St., Salem, OR 97301 (address)

From: Cindy L. Waring, NIC Tuition Exchange Liaison Officer,
Whitman College (sponsoring institution)
345 Boyer Ave., Walla Walla, WA 99362 (address)

The student named below is eligible to apply for a NIC Tuition Exchange scholarship. Please notify me as soon as possible whether or not the applicant can be included in your NIC Tuition Exchange program. Certification must be initiated prior to the start of the academic year (continuing students must re-apply each year).

Name of applicant and
Social Security Number _____

Address of applicant _____

Name of parent employed at sponsoring institution _____

Applicant will be a new student at your institution.

Applicant is now a student at your institution but does not presently hold a NIC Tuition Exchange scholarship.

Applicant is continuing in your NIC Tuition Exchange program.

Eligibility starts/started: ____/____/____

In September 20____, applicant will be a (freshman)(sophomore)(junior)(senior).

Signature of sponsor Liaison Officer _____ Cindy L. Waring

Telephone number: (509) 527-5172 Date: _____

NOTIFICATION OF ACCEPTANCE OR REJECTION

I am glad to report that the above-named applicant can be included in our NIC Tuition Exchange program.

I regret that the above-named applicant cannot be included in our NIC Tuition Exchange Program next year. Reason: _____

Signature of host Liaison Officer _____

Telephone number: _____ Date: _____

Copy: 1 to host liaison officer
2 to host liaison officer & return to sponsor liaison officer
3 to student applicant