

Return this form to:
HR Service Center
hrservic@syr.edu
Phone 315.443.4042 Fax 315.443.1063
Skytop Office Bldg., Suite 101, Syracuse, NY 13244

Return the completed form to Human Resources along with the Dependent Tuition Benefit Application.

Name of SU-Employed Parent: _____ Date: _____

Work phone: _____ E-mail address (required): _____

Dependent Student Information

Name: _____

Last four digits of Social Security Number: _____ Date of Birth: _____

Permanent Address - Street: _____

City: _____ Zip Code: _____

Home phone: _____ E-mail address: _____

Year in college for period requested: _____ Anticipated graduation date: _____

- Applying for Admission as a: freshman sophomore junior senior
- Accepted for Admission as a: freshman sophomore junior senior
- Currently enrolled as a: freshman sophomore junior senior

Name(s) of Institutions to which Tuition Exchange Eligibility Certificates should be sent::

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

Additional schools may be added at a later date by emailing scholar@syr.edu.

Contact the Office of Scholarship Programs in the Financial Aid Office with questions regarding Tuition Exchange at 443.1513 or e-mail scholar@syr.edu.

Human Resources and Office of Financial Aid & Scholarship Programs use only

Academic year: _____ Semesters eligible: _____

SUID: _____ Years of Benefits Eligible Service: _____ Faculty Staff

Date applications mailed: _____ School attending: _____