

Return this form to:  
HR Service Center  
hrservice@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](mailto: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](mailto: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: \_\_\_\_\_