RECERTIFICATION APPLICATION - TUITION EXCHANGE PROGRAM

FOR 2027–2028

DEADLINE FOR RETURN: ***Friday, October 9, 2026***

EMPLOYEE INFORMATION

Employee's Name: _____

Ext.:_____ Email: _____

Home Telephone Number: _____

STUDENT INFORMATION

Student's Name: _____

Student's Social Security Number: XXX-XX-_____ Date of Birth: _____

Relationship to Employee: _____

Student's Permanent Home Address:_____

_____

Student's Home Telephone Number:

Student's Email Address: _____

Name of institution that student will be attending through the Tuition Exchange program in 2027-2028:

_____

Type of scholarship awarded: ☐ Tuition Exchange, Inc.

(Please check only one) ☐ Council of Independent Colleges

Student's Anticipated College Graduation Date: _____

Please return to:

_____
Employee's Signature

Benefits & Total Rewards Dept
Goldstein Academic Center
Pleasantville Campus

_____
Date

Fax: (914) 773-3003
Scan/Email: benefits@pace.edu