Millsaps College
Request for Tuition Exchange (EXPORT)

Millsaps College participates in three exchange programs to give faculty and staff the opportunity to send their dependent children to a college other than Millsaps College. Tuition Exchange is limited by the other college's ability to accept imported students. Completion of this form alerts the Tuition Exchange Officer to your interest in tuition exchange, so that the appropriate paperwork can be sent to the other college on your behalf. **Application is not a guarantee of benefits.**

Faculty or staff who wishes to use one of the tuition exchange programs to attend a college other than Millsaps College should complete this form and send it to the Human Resources Office.

Millsaps College Employee Name: _____ Phone ext: _____

Employee Department/Title: _____ Years of Employment: _____

Name of Student: _____Student Phone: _____

Student Email Address: _____

Student Address_____
City State ZIP

Relationship to Employee: _____ Student's SSN: _____

Below you may list up to seven colleges you wish to attend. Indicate whether you have applied to the desired school. Also check which tuition exchange program(s) the desired college participates: Tuition Exchange, Inc. (TEI), Associated Colleges of the South (ACS) and/or The Council of Independent Colleges (CIC).

College/University Name	Applied Yes or No	TEI	ACS	CIC

For what Academic Year are you requesting the tuition exchange benefit? 20_____ - 20_____
This form must be resubmitted to the Human Resources Office each year for Tuition Exchange renewal.

What will your class level be at this college? (Check one)

_____Freshman/Applicant _____Sophomore _____Junior _____Senior
Tuition exchange is limited to undergraduate work, up to 128 semester hours or 8 total semesters, and does not apply to graduate level enrollment or study abroad programs.

What will your status be? (Check one)

_____ A New/First Time Tuition Exchange Applicant for the term requested above.

_____ A Returning/Continuing Tuition Exchange Student for the term requested above.

I understand Human Resources will verify my eligibility. I understand that under the ACS program I will be required to pay a participation fee of $1500 per year.

_____ _____
Millsaps Employee Signature **Date**

Send this completed form to Millsaps College, Human Resources, Box 150433, Jackson, MS 39210. If you have any questions, call 601-974-1127or email bruceps@millsaps.edu.

Clear Form Print Form