



TUITION EXCHANGE INFORMATION

Student applicant information (To be completed by Samford Employee)

Date of Request _____

Exchange Applicant's Name _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Social Security Number _____ D.O.B. _____

Eligible Parent or Guardian's Name _____
Last First Middle

Address _____
(If different from above)

Please check One: Faculty _____ Staff _____ Department _____ Ext. _____

Employee Signature _____

TO BE COMPLETED BY OFFICE OF FINANCIAL AID

Employment Date _____

Eligibility Verified by Human Resources _____

TUITION EXCHANGE INFORMATION

If my dependent is determined to be an eligible tuition exchange candidate, please submit an application to the following institutions:

1. _____

2. _____

3. _____

4. _____

5. _____

Applying as:

Freshman _____ Sophomore _____ Junior _____ Senior _____

Start Date: _____