

REQUEST FOR COOPERATIVE TUITION EXCHANGE PROGRAM

PROGRAM RULES

- ▶ The program is available to regular full-time employees who are on the active payroll in their home institution.
- ▶ Employees may enroll each term in an academic credit course, for up to four credits. Non-credit courses, including certificate programs, are not eligible for this program.
- ▶ This program covers tuition only. All other fees in effect at the offering institution are the responsibility of the employee.
- ▶ All policies, rates, and charges are subject to change. Each employee, upon enrolling, automatically accepts the obligation to comply with the rules and regulations of the offering institution.
- ▶ The offering institution reserves the right to withdraw any course, to change instructors, or to shift the location of any class. A course may be withdrawn in case of insufficient enrollment.
- ▶ This benefit is not transferrable to a spouse or dependent child.

EMPLOYEE MUST TAKE THE FOLLOWING STEPS:

1. Complete the employee section of this form. If release time is required, obtain your supervisor's signature.
2. Obtain authorized signature of approval from home institution.
3. Take the completed form to the institution where the course is being offered as noted below.

OFFERING INSTITUTIONS:

Delaware State University—Grossley Hall – 1-302-857-6375 (Registrar)

Delaware Technical Community College

Southern Campus 1-302-856-5390 (Registrar)

Stanton Campus 1-302-454-3958 (Registrar)

Terry Campus 1-302-857-1080 (Registrar)

Wilmington Campus 1-302-571-5317 (Registrar)

UNIVERSITY OF DELAWARE

Student Services Building— 1-302-831-2126 (Student Services)



UNIVERSITY OF DELAWARE
HUMAN RESOURCES

REQUEST FOR COOPERATIVE TUITION EXCHANGE PROGRAM

(Delaware State University, Delaware Technical Community College, University of Delaware)

Employee Completes this section:

Employee Name: _____ Employee ID: _____

Home Institution: _____

Employee Department: _____

Employee Classification: Faculty Non-exempt Staff Exempt Staff

Phone Number: _____

Offering Institution and Campus Location: _____

Course Title: _____

Course Semester/Term: _____ Course Number: _____

Meeting Days/Times: _____

I certify that the information given herein which my institution is authorized to verify, is true and complete and complies with appropriate policies. I agree to notify the appropriate office of any changes in the circumstances described in this request.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Home Institution Approval:

Authorized Signature: _____
Title: _____
Date: _____