WPI Tuition Exchange (TE) Application to Participate Fall 2019 / Spring 2020 Academic Year (Please fill out one application per dependent)

This application needs to be submitted to the WPI Office of Student Aid & Financial Literacy <u>no later than</u> Friday, September 28, 2018!

| Employee's Name: | | | | | |
|---|---------------|---------|--|--------------------------------|-------------------|
| | Last | | First | Middle | |
| Employee's Title: | | | | | |
| Employee's Department: | | | | | |
| Employee's WPI or Home email: | | | | | |
| Employee's telephone number : | | | | | |
| Dependent's Name: | It | | Think | M: 1 -11 - | |
| | Last | | First | Middle | |
| Dependent's Social Security Number: | XXX-XX- | | Date of Birth: | | |
| Dependent's Address: | | | | | |
| Dependent's Telephone Number: | | | | | |
| Dependent's Email Address: | | | | | |
| Is dependent currently a senior in high school? (check one) | Yes | No | If no, is the student currently attending college? | Yes | No |
| If they are currently attending college, | what is the r | name of | the institution? | | |
| What year in college will your depende | ent be in the | next ac | ademic year 2019-2020 (circle one) 1st | 2 nd 3 ^r | d 4 th |

List the TE Institutions that the dependent will be applying for admissions or currently attending for the 2019-2020 academic year.

| School Name, City and State | School Name, City and State |
|-----------------------------|-----------------------------|
| Applying to WPI? Yes No | |
| | |
| | |
| | |

TE institutions may be added/deleted after the application is submitted through February 1, 2019 by contacting Patty MacInnes (<u>macinnes@wpi.edu</u>) in writing.

I certify that I will agree to the conditions of the TE program as required by WPI (the sponsor institution), the TE host institution, and the TE itself. I certify that the above individual can be claimed as my legal dependent based on the 2019 tax year based on IRS guidelines.