



**Application to Participate**  
**Hellenic College Holy Cross Tuition Exchange (TE) Program**  
**Full-time Faculty and Staff Employees**

Employee Name: _____ <div style="text-align: right; font-size: small;">(Last)</div>	_____ <div style="text-align: left; font-size: small;">(First)</div>
Department: _____	Date of Hire: _____ <div style="text-align: right; font-size: small;">(mm/yy)</div>
If retired, please provide month/year of retirement _____	_____ <div style="text-align: right; font-size: small;">(mm/yy)</div>

Employee's E-mail Address: \_\_\_\_\_

Dependent's Name: \_\_\_\_\_

Dependent's Social Security Number: \_\_\_\_\_  

(last four numbers required)

Dependent's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dependent's Telephone Number: \_\_\_\_\_

Dependent's E-mail Address: \_\_\_\_\_

Anticipated First Enrollment Date: (Month/Year) \_\_\_\_\_

Anticipated First Academic Year: \_\_\_\_\_  

(Example: 2015 – 2016)

Anticipated Year in College: (Circle one) \_\_\_\_\_  

Freshman   Sophomore   Junior   Senior   Graduate 1   Graduate 2   Graduate 3

List TR Institutions where dependent is making application for admission: (Name, Address, Telephone)


\_\_\_\_\_  
HCHC Employee Signature

\_\_\_\_\_  
Date