



# Hampshire College

## Council of Independent Colleges Tuition Exchange Verification Form

Please print clearly and complete all information requested.

### Employee Information

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_ Extension: \_\_\_\_\_ Home Telephone: (     ) \_\_\_\_\_

### Dependent #1 Information

Name: \_\_\_\_\_

Relationship to employee:  Son  Daughter

College/University student will be attending: \_\_\_\_\_

Student will be enrolled in: Academic Year 20\_\_\_\_ - 20\_\_\_\_  Summer  Fall  Spring

### Dependent #2 Information

Name: \_\_\_\_\_

Relationship to employee:  Son  Daughter

College/University student will be attending: \_\_\_\_\_

Student will be enrolled in: Academic Year 20\_\_\_\_ - 20\_\_\_\_  Summer  Fall  Spring

### Procedures and Policy for CIC-TEP Benefit

Employees must re-verify their eligibility for this benefit once a year. Employees are required to supply the Human Resources office with all of the following:

- a CIC-TEP Student Application
- official verification that the child is a dependent (copy of most recent tax return)

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee's Signature

### *The following information is completed by Human Resources*

Date of Hire: \_\_\_\_\_ FTE: \_\_\_\_\_  Faculty  Administrator  Staff

Proof of dependent status  CIC-TEP Student Application  Copy to Liaison Officer (Kathy Method)

Date Submitted to Host Institution: \_\_\_\_\_

Notification Received from Host Institution: \_\_\_\_\_  Accepted  Denied  
Date Received

Employee Notified Date: \_\_\_\_\_ By: \_\_\_\_\_

FTE Verification: Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_  
(HR initials or N/A)