



Application for ACS (Associated Colleges of the South) Tuition Exchange (Export Applicants Only)

Please complete and sign this form, then email to the Benefits & Compensation Specialist.
Human Resources will file applications with ACS between October 1st and January 15th. Dependent eligibility is verified prior to submitting applications. Note: If your dependent is applying early decision, please indicate below. If your student ultimately decides not to apply to a school that you list below, please advise Human Resources.

Export Applicant's Name (Last Name, First Name & Middle Initial)					
Social Security No. - Last 4 digits		Date of Birth		Home Telephone	
Home Address					
Student's Email Address					
Eligible Parent or Guardian's Name				UR ID #	
Faculty <input type="radio"/> Staff <input type="radio"/>		Department:			
Employment Date	Campus Ext.		E-mail		
Home Address (If different from dependent's)					
Will your child/dependent also be applying to the University of Richmond? (Note: Application to UR is considered Tuition Remission, NOT Tuition Exchange.) <input type="radio"/> Yes <input type="radio"/> No					
PLEASE SUBMIT MY DEPENDENT'S APPLICATION FOR TUITION EXCHANGE (TE) TO THE FOLLOWING INSTITUTIONS: Note: If a school is a TE, Inc. <u>and</u> ACS member, indicate if you wish to apply for both programs. (If possible, list your schools in order of preference. Thanks!)					
1.		<input type="radio"/> TE		<input type="radio"/> ACS	
2.		<input type="radio"/> TE		<input type="radio"/> ACS	
3.		<input type="radio"/> TE		<input type="radio"/> ACS	
4.		<input type="radio"/> TE		<input type="radio"/> ACS	
5.		<input type="radio"/> TE		<input type="radio"/> ACS	
Student is applying as	Freshman <input type="radio"/>	Sophomore <input type="radio"/>	Junior <input type="radio"/>	Senior <input type="radio"/>	Transfer <input type="radio"/>
For Human Resources Use ONLY			Eligibility Verified		
Date Request Received					

If you wish to list more than five schools, please print and list additional institutions on the back of this form.

By completing this form you attest that your covered dependents are eligible dependents under the University of Richmond Employee Welfare Benefits Plan, or that you do not wish to cover dependents under the plan at this time. You understand that the University may require you to provide documentation to prove your dependents are indeed eligible for benefits, and you agree to provide such documentation upon request. You understand that your provision of dependent information is the basis on which dependent coverage will be provided under the plan. You acknowledge that you will notify the plan administrator of any changes to your dependent information within 31 days of the change. Any misstatement, omission or fraud by you may result in future claims being denied, your coverage and/or your dependents' coverage being prospectively terminated without notice and/or retroactively terminated upon 31 days' notice, and/or your submission to disciplinary action.

I certify that I have read the [Tuition Exchange Policy](#).

Signature: _____

Date: _____