



**RECERTIFICATION APPLICATION - TUITION EXCHANGE PROGRAM**

**FOR 2025-2026**

**DEADLINE FOR RETURN: Friday, October 18, 2024**

***EMPLOYEE INFORMATION***

Employee's Name: _____
Ext.: _____ E-mail: _____
Home Telephone Number: _____

***STUDENT INFORMATION***

Student's Name: \_\_\_\_\_

Student's Social Security Number: XXX-XX-\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Student's Permanent Home Address: \_\_\_\_\_

\_\_\_\_\_

Student's Home Telephone Number: \_\_\_\_\_

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

Name of institution that student will be attending through the Tuition Exchange program in 2025-2026:  
\_\_\_\_\_

Type of scholarship awarded:       Tuition Exchange, Inc.  
(Please check only one)                 Council of Independent Colleges

Student's Anticipated College Graduation Date: \_\_\_\_\_

**Please return to:**

**University Benefits  
Goldstein Academic Center  
Pleasantville Campus**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Fax: (914) 989-8506  
Scan/E-Mail: [benefits@pace.edu](mailto:benefits@pace.edu)**