COUNCIL FOR CHRISTIAN COLLEGES AND UNIVERSITIES Tuition Waiver Exchange Program (TWEP) Application Form

To:		From:						
	me and Title		ame and Title					
(contact person at receiving institution)		(contact person at sending institution)						
Receiving Institution Name: Address: City, State & Zip:		Sending Institution Name: Address: City, State & Zip:						
				Email:		Email:	Email:	
				Fax:		Fax:		
	not this student will receive and the colleges.	er Exchange Program. Please no tuition waiver under the Coun Employee Name:	-					
Address:		Position:						
-tuui ess								
		Years at Institution:						
		ent to your institution. our institution who has not prev	riously participated in the					
	Re-admitting to your in	stitution.						
Signature of sending institution contact person		Phone	Date					
		CEPTANCE OR REJECTION ving Institution)						
	has been accepted for a tuiti academic term. (term/y	on waiver under the Council pr ear)	ogram beginning with the					
We regret tha	at this student has not been a	accepted for a tuition waiver un	der the Council Program.					
rinted Name:	S	ignature:						
mail:	Phone:	Date:						
		ontact Person at the sending instit						
erson at the receiving instit uickly as possible, with notif	ution. The determination as to t fication given on this form. One	he student's acceptance or rejection copy is then sent back to the sendi	on should be made as					
ppy retained for the files at t	ne receiving institution.		Updated 2/20					