Marquette University Tuition Exchange Program Certification Request Deadline to request certification for students enrolling in Fall 2019 is December 1, 2018.

2019-2020 (Fall 2019 Admission)

Student Name (first, middle, last):				
Student's Telephone:				
Student's Social Security No. (last four only	y):			
Student's E-mail:				
Student's Permanent Address:				
Student's Date of Birth:				
Sponsor Parent Name (first, last):				
Parent's E-mail:				
Parent's Department:				
Parent's Job Title:				
Parent: Faculty or Staff?	Faculty	Staff		
Certification of eligibility to be sent to: List the schools, by name and state, to wh	ich you wish to be c	ertified as eligible for Tuition Exchange.		
School Name	State	School Name		State
Are you also planning to apply to Marquet	te University?		Yes	No
Are you also planning to request certifications to schools participating in the FACHEX program?			Yes	No
Payment of a certification fee of \$25 per s per school is charged for any additional ce		O certifications should accompany this req	uest. A fee o	of \$35
Certification fee calculation: scho	ools @ \$25 each = \$;schools @ \$35 each	= \$	_

Note that all fields are required.

Please complete this form and forward, along with payment (cash or check payable to Marquette University) to Marquette's outbound Tuition Exchange Coordinator, Debra Reeder, Office of the Provost, Zilber Hall 448.