

University of Florida

Tuition Exchange Program (TEP) Application Form

PLEASE NOTE: All blanks below must be completed for application to be considered valid. Application deadline will be October 31 of the year preceding the desired enrollment into the Program. UF employees will be notified in writing whether his/her child has been selected. If an applicant is not selected, an application may be resubmitted for consideration the next academic year.

1. Name of full-time UF employee: _____

2. UF employee's UFID Number: _____

3. Year and month in which full-time continuous service began as an employee at UF: _____

4. Department, campus address (including P. O. Box), and office telephone number:

_____ Department _____ Address _____ Telephone Number

5. E-Mail Address: _____

6. Home address and telephone number:

_____ Telephone Number

7. Name and Social Security Number of interested child who is applying for admission or who is already enrolled in a college or university which is a member of the TEP. Please indicate your son or daughter's classification (freshman, Junior, etc.) during the next academic year and the name(s) of the institution(s) and the status of the applications, i.e. admitted, applying for admission.

Name of dependant: _____
Name SSN DOB
Classification: (Freshman, Senior, etc.) _____

8. TEP Institutions Applied to

Status of Application

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. Signature of UF employee _____
Signature Date

Return this form to Dr. Angel Kwolek-Folland, P. O. Box 113175, 23 5 Tigert Hall, Gainesville, Florida 32611