1
ApplicationtoParticipatein
TuitionExchangePrograms
ForLewis University FullTimeemployees
Pleasebeaware thata portionofthe information providedbelowwillbe entered
electronicallyon theTEandCICTEPwebsite,and senttoCCCTEviaemailscan,if
applicable,accuracy and legibilityis crucial.
For Lewis UniversityEmployee’s Name
____
(Last)(First)

2

List all tuition exchange institutions Name/ City and State where the eligible dependent is making application for admission:

(You may add to or delete from this list after the application is submitted by e-mailing hr@lewisu.edu)

I agree to the conditions of the Tuition Exchange Programs as required by Lewis University (known as the sponsoring institution), the Tuition Exchange host institution, and the Tuition Exchange itself. I also certify that the above individual is my legal