



THE COUNCIL OF INDEPENDENT COLLEGES

APPLICATION:

Academic Year 20 _____ **- 20** _____

Name _____

Address _____

Student Email Address _____

Social Security No. _____

Date of Birth _____

Parent's Name _____

Institutions Applying To:

This applicant is (check one)

_____ New at your institution

_____ Presently in your CIC-TEP

_____ Presently a student at your institution, but does
not hold a CIC-TEP Scholarship

Questions concerning the CIC Tuition Exchange Program should be directed to:
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