

Application for FACHEX & Tuition Exchange Programs For Fall 2012

Faculty/Staff Name: _____

Position Title: _____ USF ID No. _____

Department: _____ Email: _____

Student Name: _____

Student Email: _____

Home Phone #: _____ Last 4 Digits of SSN: _____

Home Address:

Entering as a: _____

List FACHEX Universities of Interest:

http://www.usfca.edu/uploadedFiles/Destinations/Offices_and_Services/HR/docs/Participating_FACHEX_Schools.pdf

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

List Tuition Exchange Universities of Interest:

www.tuitionexchange.org

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please return this application by NOVEMBER 18, 2011 to Gregg Cannella, Human Resources and Disability Specialist OFFICE OF HUMAN RESOURCES, LM339.

CONTACT INFORMATION:

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