

**CERTIFICATE AGREEMENT**  
**The Catholic College Cooperative Tuition Exchange Program (CCCTE)**

**PLEASE NOTE:** Please complete Section 1 of this form. Turn this form into the CCCTE Liaison Officer at the sending school. In order to ensure legibility of all copies please type. **This form must be completed and given to your liaison officer along with a copy of your acceptance letter to the receiving institution.**

**DO NOT PROCESS THIS REQUEST PRIOR TO ADMISSIONS ACCEPTANCE!**

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**I. Student Information**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced

I am applying for the CCCTE benefit at: \_\_\_\_\_

For academic year \_\_\_\_\_ (Name of School)

Name of Employee \_\_\_\_\_ Relationship of Employee to Student \_\_\_\_\_

I will enroll at your school as a:

\_\_\_\_\_ Freshman

\_\_\_\_\_ Continuing student at your school

I will be a \_\_\_\_\_ Soph. \_\_\_\_\_ Jr. \_\_\_\_\_ Sr.

\_\_\_\_\_ Transfer Student with approximately \_\_\_\_\_ years of work \_\_\_\_\_ Special applicant (i.e. summer session, graduate program)

My student status will be: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Have you submitted the FAFSA (Free Application for Student Aid)? Yes \_\_\_\_\_ (When? \_\_\_\_\_)

No \_\_\_\_\_ (Please arrange to do so).

Other colleges applied to: (if applicable) \_\_\_\_\_

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**II. To be completed by liaison office at the sending school:**

Liaison Officer's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Sending School \_\_\_\_\_

Address \_\_\_\_\_

The employee's status with the sending school is: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ \*Other \_\_\_\_\_

\*Please explain \_\_\_\_\_

The student named above is eligible to participate in the CCCTE program and would be eligible for a tuition benefit of \_\_\_\_\_ % if he/she attended this institution. Please notify me as soon as possible if the student cannot utilize the benefit at your institution.

Signature of Liaison Officer: \_\_\_\_\_ Date \_\_\_\_\_

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**III. To be completed by liaison officer at the institution to which the student has applied:**

\_\_\_\_\_ I am pleased to report that the student named above may enroll at our institution.

The benefit to be made is \_\_\_\_\_

Academic Year/Term covered \_\_\_\_\_

\_\_\_\_\_ I regret that the benefit cannot be made available at this time.

Reason: \_\_\_\_\_

Signature of Liaison Officer: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

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N.B. The legal obligations of CCCTE are limited to the preparation and distribution of membership information and directories and to their recording and reporting of benefit awards made available to dependents of individuals whose institutions participate in the program. Awards of benefits are made by the participating institutions and CCCTE assumes no responsibility for misunderstandings that may arise between institutions and participants concern, for example the amount and duration of benefit awards or special circumstances that may lead to their termination.