

**SANTA CLARA UNIVERSITY  
FACHEX TUITION EXCHANGE PROGRAM  
CERTIFICATION OF ELIGIBILITY**

By submitting this request, eligible parent is certifying the following to be true and correct:

“I certify that I am currently employed by Santa Clara University and eligible to participate in the tuition remission program for eligible dependents.”

1. Name of eligible parent	
2. Eligible parent's department/title	
3. Student's name	
4. Student's Social Security number	
5. Student's Mailing Address	
6. Parent's mailing address (if different)	
7. Student's e-mail address	
8. Parent's e-mail address	
9. Student's current school and address	
10. Student's honors and awards	
11. Student's H.S. graduation date	
12. Date student plans to enter college	
13. Jesuit schools to receive this certification	

*I certify that the person named on this Certification of Eligibility is eligible to participate in the FACHEX Program.*

**Cathy Roman**  
**FACHEX Coordinator**  
**Santa Clara University**  
**Date:**

**Parent please complete and return this Certification form via e-mail to [croman@scu.edu](mailto:croman@scu.edu)**