



SOUTHERN  
METHODIST  
UNIVERSITY

*Division of Enrollment Services  
Financial Aid*

**2015-2016 TUITION EQUALIZATION GRANT  
TRANSFER STUDENT ELIGIBILITY**

Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please circle one: UNDERGRADUATE / GRADUATE

Graduate Program of Study: \_\_\_\_\_

This form is to be used for Transfer Students who have attended another private university in Texas. State regulations require you must meet renewal requirements to be eligible for TEG funding. The information requested below will be used to determine your eligibility status for this academic school year. Failure to return the completed form could result in cancellation of state funding which you are currently awarded.

**Texas Tuition Equalization Grant Eligibility:**

**(To be completed by Financial Aid Officer at previously attended private university)**

Previous Private University: \_\_\_\_\_

Financial Aid Officer Name (please print): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Has the above student ever received TEG from your institution? Yes \_\_\_\_ No \_\_\_\_

If yes:

1. Please list the academic year the student initially received TEG: \_\_\_\_\_

2. Please list the most recent academic year the student attended: \_\_\_\_\_

3. Please list the last academic year that the student received TEG: \_\_\_\_\_

Please select the type of award: Initial \_\_\_\_ Renewal \_\_\_\_

4. Please answer the following questions in regard to the last academic year that the student received TEG:

Student Met SAP: Yes \_\_\_\_ No \_\_\_\_

Cumulative GPA: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

Completion Rate: \_\_\_\_\_

**Please sign below certifying the accuracy of the information provided on this form.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_