



**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** _____