



# SMU

## Transfer Student Confirmation of Eligibility for Tuition Equalization Grant

Student Name: \_\_\_\_\_ Student SMU ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID at previous Institution \_\_\_\_\_

Phone Number: \_\_\_\_\_ Student E-Mail address: \_\_\_\_\_

*State regulations require all students to meet specific standards of academic progress in order to maintain eligibility from year to year. The information requested below will be used to verify continued eligibility for Texas based financial aid funds as a transfer student from another Texas private college or university. Failure to return the completed form could result in the cancellation of any or all state based funding.*

### Texas Tuition Equalization Grant Eligibility: (To be completed by Financial Aid Officer at previously attended private university)

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

Financial Aid Office Contact Name (please print): \_\_\_\_\_

Financial Aid Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

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

*If your answer was yes, please answer the following questions about his/her TEG eligibility status at your institution. This information will be used to determine renewal TEG eligibility as the student transfers into SMU.*

1. What was the most recent enrolled semester or term?(ex. Spring 2016) \_\_\_\_\_
2. What academic year did this student receive TEG for the first time. (ex. Fall 2013) \_\_\_\_\_
3. What academic year did this student receive TEG for the last time (ex. Spring 2015) \_\_\_\_\_
  - a. During the last academic year, please indicate the type of TEG award: Initial \_\_\_\_\_ Renewal \_\_\_\_\_
  - b. During the last academic year, this student was enrolled as a: (please circle one) Undergrad / Graduate
4. If a Graduate student, what was the primary Graduate Program of study \_\_\_\_\_
5. Student Met Satisfactory Academic Progress (SAP): Yes \_\_\_\_ No \_\_\_\_
6. Cumulative earned GPA: \_\_\_\_\_
7. # of Hours Completed: \_\_\_\_\_
8. 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 \_\_\_\_\_

*This document may be submitted to the Office of Financial Aid via the following fax, email, or the U.S. Postal address.*

Division of Enrollment Services/Office of Financial Aid •  
PO Box 750181 • Dallas TX 75275-0181 • Phone: 214-768-3417 • Fax: 214-768-3997 •  
Email Address: [FA.Verification@smu.edu](mailto:FA.Verification@smu.edu)