

TEXAS SOUTHERN UNIVERSITY

ENROLLMENT SERVICES

3100 Cleburne Street , Houston, Texas 77004

(713) 313-7071

TUITION REBATE ELIGIBILITY CONFIRMATION FORM

All students who are eligible for a tuition rebate must submit this form to the Registrar's Office when applying for graduation. This form MUST be submitted no later than the official date of graduation.

Name _____
Last First Middle

Student ID _____ - _____ - _____ E-mail _____ @ _____

Major _____ College _____

Degree sought (e.g., BA, BS, BBA) _____ Graduation Date _____
Month Year

Address _____
Street

_____ *City State Zip*

To apply for a tuition rebate, list each college/university that you have attended, including Texas Southern University. You may also be required to submit documentation in order for your request to be considered.

List all the institutions of higher education that you have attended, including Texas Southern University:

Institution	Location	First semester enrolled	Last semester enrolled	Number of Hours Completed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(If you need more space, attach an additional sheet.)

I authorize Texas Southern University to access my educational and financial records at the institutions listed above to determine my eligibility for a tuition rebate.

I certify that the information provided above is a true and complete listing.

If further information is desired, I may be reached at the telephone number or e-mail address recorded in the Office of the Registrar.

Student's Signature _____ Date _____
Month Day Year

OFFICIAL OFFICE USE ONLY

Confirmation of Eligibility

Yes (Student meets the eligibility requirements for a tuition rebate.) No (Student does not meet the requirements.)

Representative, Registrar's Office _____ Date _____
Signature Month Day Year

Does student have outstanding loans (Check NSLDS)

Yes (Tuition Reimbursement will be applied to loan debt.) No (Tuition Reimbursement will be released to student.)

Representative, Financial Aid _____ Date _____
Signature Month Day Year

The check will be mailed to the mailing address Yes No

Representative, Comptroller's Office _____ Date _____
Signature Month Day Year