



## 2017-2018 UHCL Financial Aid Application for International Students

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Other/Previous Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone with area code: \_\_\_\_\_ Other Phone with area code: \_\_\_\_\_

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

Date of Birth in mm/dd/yyyy format: \_\_\_\_\_

Are you in the U.S. on a student visa? Yes \_\_\_\_\_ No \_\_\_\_\_

Indicate your enrollment hours:

Fall 2017: \_\_\_\_\_ Spring 2018: \_\_\_\_\_ Summer 2018: \_\_\_\_\_

What is your education objective at UHCL?

\_\_\_\_\_ First Bachelor's Degree \_\_\_\_\_ 2nd Bachelor's Degree \_\_\_\_\_ Master's Degree

\_\_\_\_\_ Teacher's Certification only (earned 1st Bachelor's Degree)

Date you expect to complete your degree/program in mm/yyyy format: \_\_\_\_\_

Have you ever attended a college, university, business or trade school?

\_\_\_\_\_ No, I have never attended a college, university, business or trade school.

\_\_\_\_\_ Yes, I have attended a college, university, business or trade school.

The school(s) I have previously attended are: \_\_\_\_\_ If necessary, attach a separate sheet with additional schools listed.

School Name	Beginning Date	Ending Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you expect to receive financial assistance for school from a source OTHER THAN the UHCL Financial Aid? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain. Example: Scholarship, employer tuition assistance/reimbursement \_\_\_\_\_

## International Students

1. Obtain a copy of the sponsorship affidavit from the UHCL International Admission's Office.
2. Request a letter from your sponsor indicating why he/she cannot provide the necessary support to you. The letter must be mailed directly from the sponsor to our office. The letter must include:
  - a. Your name
  - b. Your student ID number
  - c. Why your sponsor cannot continue to support you. The sponsor must be specific as to what changes have occurred that prohibit continued financial sponsorship.
  - d. The letter must be notarized and must be in English or have an English translation included with it.
3. Submit a hard copy of the 2017-2018 Free Application for Federal Student Aid (FAFSA). This form is available at the Office of Student Financial Aid (SSCB 1.105) or online at <https://fafsa.ed.gov/options.htm>



Do NOT SIGN BELOW until you have carefully read the statements below.  
You will be held responsible for this information.

1. I will consult with and inform the Office of Student Financial Aid of any changes which may affect my financial aid eligibility, such as the number of hours for which I intend to enroll, a change in my anticipated graduation date, program of study or residency status.
2. I understand a tuition and fee refund for dropping a class or classes (while remaining enrolled in other classes for the semester) will be returned to any institutional grant or scholarship I received.
3. I understand the amount of any refund is based on regulations published by the State of Texas.
4. I understand that the final determination of my eligibility for aid will be based on the number of hours for which I am enrolled on the Census date published in the class schedule. I may be responsible for repaying a portion or all of any financial aid I receive if I reduce the number of hours for which I am enrolled prior to the Census Date.

### CERTIFICATION

I understand that selection for and receipt of this grant could jeopardize my Visa status. If I have any questions regarding implications to my Visa status, I will contact my International Advisor in the Office of International Admissions.

My signature below acknowledges that I have read and do understand the information on this application. My signature further affirms that all information submitted to the Office of Student Financial Aid for the purpose of determining my eligibility for financial aid is true and correct to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form, with a few exceptions as provided by law; (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected.