2019-2020 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 2019: ________ Spring 2020: _______ Summer 2020: ________

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.

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<th>School Name</th>
<th>Beginning Date</th>
<th>Ending Date</th>
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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.

Submit a hard copy of the 2019-2020 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://studentaid.ed.gov/sa/sites/default/files/2019-20-fafsa.pdf

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.