ANGELO STATE UNIVERSITY

Office of the Registrar

Instructions: Complete the student section, print, sign, mail, fax, or drop off form to the ***Office of the Registrar***

ASU Station #10898 - San Angelo Texas 76909-0898 - Phone 325-942-2043 - Fax 325-942-2553 - Email: registrar@angelo.edu WEB: http://www.angelo.edu

REQUEST FOR TUITION REBATE

AS OUTLINED IN SECTION 54.0065 OF THE TEXAS EDUCATION CODE

To be completed by student:_____ Date Submitted: _____

Student Name: _____ _____ _____
Last Name First Name Middle Name

Student ID Number: _____

Expected Graduation Date: _____ Phone Number: _____ _____
Month & Year Area Code

Address (for rebate): _____
Street/PO Box Address

_____ _____ _____
City State Zip

First semester enrolled in a Texas Institution of Higher Education: _____
Month & Year

Please list all higher education institutions attended:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Degree sought: Select One Hours required for degree: _____

Are you a Texas Resident? Yes

Did you pay resident tuition while pursuing this degree? Yes

Did you want the rebate to pay the lender with the highest interest rate? Yes

_____
Student Signature

Office use only

Office of the Registrar:

Verification (_____) Hours for Degree _____ Total # of hours attempted: _____
Initial

Student Eligible: **YES** **NO**

Financial Aid Office:

Verification (_____) Outstanding student loan(s) **YES** **NO**
Initial

If yes, with whom _____

Outstanding amount(s) _____ Interest Rate(s) _____

Student Accounts/Bursar Office:

Verification (_____) Student eligible for rebate: **YES** **NO**
Initial

Amount the student is eligible to receive: _____

SSN for TINS Only _____