

Texas Hazlewood Act Exemption Application For Continued Enrollment *

For (terr	n)	, (year)	
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SUBMIT THIS APPLICATION TO YOUR COLLEGE OR UNIVERSITY

Student's Name:			
Last Name		First Name	MI
Social Security Number:			
Student's school ID Number:		Date of Birth/	
Address:			
Street	City	State	Zip Code
Phone Number	Email addre	ess	
guaranteed by the state of Texas. State loans Does the veteran, child, or spouse have a loa [] Yes [] No If yes, is the loan in default status? [] Yes [] No			
I am applying for continuation of the exempt (The Hazlewood Act). I understand that I recedit hours at Texas public institutions of hours for which I receive this exemption, I grelease credit hour information to the Teinformation with any institution that I might	nay be entit higher educ rant permis xas Veterar	led, under the law, to the ation. For the purpose of sion to any institution in	is exemption for up to 150 semest of accounting for the total number which I have enrolled or will enroll
I have previously used hours unde	er the Texas	Hazlewood Act Exemption	n.
Signature:			
Date:	_		

* This form will <u>not</u> be used for initial application for the Hazlewood Exemption, but may be used for enrollment of students subsequent to initial enrollment at the school in which the student is currently and consistently enrolled. If a break in enrollment or change of school occurs then the complete Hazlewood Exemption application must be completed.