



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: <https://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: _____

Student ID Number: _____
Last Name First Name Middle Name

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

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

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

Please list all higher education institutions attended:

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

Degree sought: _____ Hours required for degree: _____

Are you a Texas Resident? _____

Did you pay resident tuition while pursuing this degree? _____

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

Student Signature

Office use only

Office of the Registrar:

Verification/Approval (_____) 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 _____