2017-2018 FBPELQ

Degree Questionnaire for Pell Candidates

Office of Student Financial Services
P. O. Box 20036 ● Houston, TX 77225
(713) 500-3860 phone ● (713) 500-3863 fax
https://www.uth.edu/sfs/

Student ID							

Federal Pell Grants are usually awarded only to undergraduate students who have not earned a bachelor's or professional degree. A student with a bachelor's or professional degree is ineligible for a Pell Grant even if the degree is from an unaccredited school, such as a foreign school, or the degree is not recognized by the school.

Submit forms using <u>ONE</u> of the following methods:

1. Online: Log on to myUTH, locate the Tasks Tile, click on To Do List menu option, choose document to upload, click Submit button, follow instructions to attach document, click Submit to upload document.

click Submit button, follow instructions to attact 2. In Person: UCT Building, 7000 Fannin, Suite 2220, Ho	ch document, click Submit to upload document. ouston, TX 77030		
A. STUDENT INFORMATION			
Student Last Name First Name	Middle Initial		
B. DEGREE QUESTIONNAIRE			
Instructions : Please answer the questions below. When answering these United States or any foreign country.	questions please include degree(s) obtained in the		
Are you currently <i>pursuing</i> a Bachelor's, Master's, Doctorate or Post-Doctorate Anderson School of Health Professions?	orate degree at an institution other than UT-Health or MD		
□ NO			
YES. Please indicate the name of the institution and month/year y degree	you expect to complete the curriculum to qualify for the		
Name of Institution	Month/Year Expected to Complete Curriculum		
Have you <i>received</i> your Bachelor's, Master's, Doctorate or Post-Doctorate	degree?		
NO YES. Please indicate the name of the institution and month/year y	ou completed the curriculum		
Name of Institution	Month/Year Completed Curriculum		
Have you completed the curriculum to qualify and expect to receive a Eddegree?	Bachelor's, Master's, Doctorate or Post-Doctorate		
□ NO			
YES. Please indicate the name of the institution and month/year y	ou completed the curriculum		
Name of Institution	Month/Year Completed Curriculum		
C. CERTIFICATION AND SIGNATURE			
Signing below certifies that all of the information reported on this form is complete and correct. Further, I understand the information obtained on the form is necessary in determining my eligibility for federal Pell Grant funds. No federal Pell Grant disbursements will be made to my tuition account ur this form has been completed in its entirety and my eligibility has been determined.	be fined, be sentenced to jail, or both.		
Signature			