Texas Tuition Equalization Grant Eligibility McMurry University

This form is to be used for Transfer Students who have attended another private university in Texas

Student Information: (to be completed by student)

First Name: ___________________ Middle Initial: _____ Last Name: ________________________

McMurry Student ID #: __________________________ Date of Birth: ________________________

Phone #: ______________________ Email Address: ________________________________

Financial Aid (TEG) Eligibility:
(To be completed by Financial Aid Officer at previously attended private university)

Did the student receive TEG from your institution?  Yes ___  No ___

If “yes,” what is the date in which the student initially received TEG: ________________

If in the current year, what was the amount the student received? ______________

Did the student leave your institution in good standing (according to TEG rules as set by the THECB)?  Yes ___  No ___

Additional Comments:

Previous Private University Attended: ____________________________________________

Financial Aid Officer Name (print)______________________________________________

Financial Aid Officer Signature: ____________________________ Date: ________________

Financial Aid Officer Email: ____________________________ Phone: ________________

Student Signature: ____________________________ Date: ________________

Please return to our office by mail or fax:
McMurry University Office of Financial Aid
PO Box 908 McMurry Station
Abilene, TX 79697
Phone: 325.793.4713, Fax: 325.793.4718