2023-2024 **FBPELQ**

Signature

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									
	June	Judei							

Federal Pell Grants are usually awarded only to undergraduate students who demonstrate exceptional financial need and have not earned a bachelor's or professional degree. Applicants who hold a degree from an unaccredited school or foreign degree that is equivalent to a U.S. Bachelors, Masters, Doctorate or Post-Doctorate degree are ineligible for the Federal Pell Grant.

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

	click Submit button, follow instructions to attach document, click Submit to upload document.				
2.	In Person:	UCT Building, 7000	Fannin, Suite 2220, Houst	on, TX 77030	
A. S	STUDENT IN	FORMATION			
	Student Last N	ame	First Name	Middle Initial	
В. С	DEGREE QU	ESTIONNAIRE			
the Unite	ed States or an I t is equivale n	y foreign country. A	Applicants who hold a c	these questions please include degree(s) obtain legree from an unaccredited school or foreig or Post-Doctorate degree are ineligible for t	
nderson So	chool of Health F	a Bachelor's, Master's Professions?	s, Doctorate or Post-Doctorate	te degree at an institution other than UT-Health or MD	
)				
	S. Please indicagree	ite the name of the ins	stitution and month/year you	expect to complete the curriculum to qualify for the	
Na	me of Institution			Month/Year Expected to Complete Curriculum	
ive you <i>re</i>	ceived your Bad	:helor's, Master's, Doc	ctorate or Post-Doctorate de	gree?	
NC	,				
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YE	S. Please indica	ite the name of the ins	stitution and month/year you	completed the curriculum	
Na	ame of Institution	1		Month/Year Completed Curriculum	
ave you <i>co</i> gree?	mpleted the cu	rriculum to qualify a	nd expect to receive a Bac	helor's, Master's, Doctorate or Post-Doctorate	
NC)				
YE	S. Please indica	ate the name of the ins	stitution and month/year you	completed the curriculum	
 Na	me of Institution			Month/Year Completed Curriculum	
			TUDE	Month Four Completed Cambridge	
C . (CERTIFICAT	ION AND SIGNA	TURE		
ining below certifies that all of the information reported on this implete and correct. Further, I understand the information obtains is necessary in determining my eligibility for federal Pell Graffederal Pell Grant disbursements will be made to my tuition a		formation obtained on this federal Pell Grant funds.	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.		
			ny eligibility has been detern	nined.	

Date