

FALL



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HAZLEWOOD REQUEST FORM

STUDENT NAME _____
Last First Middle

SAM ID NO: _____

HAZLEWOOD PERCENTAGE: VETERAN _____%

SHSU E-MAIL ADDRESS _____ Phone # _____

When was the last semester you used the Hazlewood benefit here at SHSU? _____

PLEASE CHECK ONE: ☐ UNDERGRADUATE ☐ GRADUATE

NUMBER OF HOURS YOU ARE CERTIFYING FOR: _____

By submitting this form, I certify that I am registered for the semester that I am requesting certification for. I also understand that submitting this form WITHOUT an ACTIVE CLASS SCHEDULE, SAM ID, and All REQUIRED INFORMATION will result in the DESTRUCTION of this form and my request will not be processed. .

Students using Hazlewood Exemption benefits MUST meet the Satisfactory Academic Progress (SAP) requirements as defined by Financial Aid office. SAP is checked at the completion of each semester for all students. For more information on Satisfactory Academic Progress (SAP) requirements please refer to http://www.shsu.edu/~fao_www/fa_intro/

I understand that this form is due by **AUGUST 7, 2015** in order to have my schedule protected. Any date after that, this office cannot guarantee your schedule will be protected.

I certify that all of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked, I may not be approved for the Hazlewood Act benefit.

SIGNATURE: _____ DATE: _____

Veterans Resource Center

Date

RRAAREQ Code: ZHZVTF

Revised 5/29/2015