

Grayson County College Office of Financial Aid

INFORMATION FOR HAZELWOOD EXEMPTION APPLICANTS

Request for Number of Credit Hours Attempted

Please be advised that this student is establishing their Hazlewood paperwork at our institution for the _____ *Semester*.

Per the student, it appears that this student is currently attending your institution or has attended your institution using his/her exemption. Please complete the attached form. We would like to verify the number of hours this student has used on his/her Hazlewood Exemption since Fall 1995.

Thank you for your assistance in this matter.

Brenda Britt, Advisor

**REQUEST FOR RECORD OF CREDIT HOURS TAKEN UNDER THE
HAZLEWOOD EXEMPTION FOR TEXAS VETERANS
(CHAPTER 54.203 OF THE TEXAS EDUCATION CODE)**

SECTION 54.203(C) OF THE TEXAS EDUCATION CODE LIMITS THE NUMBER OF CREDIT HOURS TAKEN UNDER THE HAZLEWOOD ACT EXEMPTION TO 150. THE COUNT OF HOURS IS TO BEGIN WITH COURSES ENROLLED IN FOR FALL, 1995. PLEASE COMPLETE PARTS I AND II OF THIS REPORT AND RETURN IT TO THE OFFICE THE OFFICE OF FINANCIAL AID, GRAYSON COUNTY COLLEGE , 6101 GRAYSON DRIVE, DENISON, TEXAS 75020. THIS REPORT IS REGARDING:

STUDENT NAME

SOCIAL SECURITY NUMBER

who attended your institution from _____ using Hazlewood Benefits.

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PART I

- (1) TOTAL NUMBER OF CREDIT HOURS USED UNDER THE HAZLEWOOD ACT SINCE THE START OF THE FALL 1995 TERM THAT WAS REPORTED WHEN THE STUDENT CAME TO YOUR SCHOOL _____
- (2) NUMBER OF CREDIT HOURS USED UNDER HAZLEWOOD ACT SINCE THE START OF THE FALL 1995 TERM, TAKEN AT YOUR INSTITUTION _____
- (3) TOTAL NUMBER OF HOURS SINCE FALL 1995 UNDER HAZLEWOOD _____

IF THE STUDENT HAS DONE ALL HIS/HER SCHOOLING SINCE THE START OF FALL 1995 TERM AT YOUR INSTITUTION, (1) SHOULD BE LEFT BLANK.

PART II

SIGNATURE OF REPORTING OFFICER

DATE

Please return to: Brenda Britt, Advisor
Office of Financial Aid
Grayson County College
6101 Grayson Drive
Denison, Texas 75020

Telephone: 903 463 8783
Fax: 903 463 3908

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