**2026-2027**
**FAPELQ**

# Degree Questionnaire

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**

Eligibility for federal, state, and institutional financial aid programs is determined in accordance with applicable program requirements and federal regulations. Certain aid programs may be limited to undergraduate students and may require applicants to demonstrate financial need. Applicants who have earned a bachelor's, master's, doctoral, professional, or equivalent degree from a U.S., foreign, or unaccredited institution may be ineligible for some forms of financial aid. Eligibility varies by program, and applicants should review the specific requirements for each aid program.

***Submit forms online via MyUTH or in person at: UCT Building, 7000 Fannin, Suite 2220, Houston, TX 77030***

## A. STUDENT INFORMATION

Student Last Name _____ First Name _____ Middle Initial _____

## B. DEGREE QUESTIONNAIRE

**Instructions**: Please answer the questions below. When answering these questions please include degree(s) obtained in the United States or any foreign country. **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 may be ineligible for some forms of financial aid.**

Are you currently ***pursuing*** a Bachelor's, Master's, Doctorate or Post-Doctorate degree at an institution other than UT-Health or MD Anderson School of Health Professions?

☐ **NO**

☐ **YES**. Please indicate the name of the institution and month/year you expect to complete the curriculum to qualify for the degree

Name of Institution _____ Month/Year Expected to Complete Curriculum _____

Have you ***received*** your Bachelor's, Master's, Doctorate or Post-Doctorate degree?

☐ **NO**

☐ **YES**. Please indicate the name of the institution and month/year you completed the curriculum

Name of Institution _____ Month/Year Completed Curriculum _____

Have you ***completed the curriculum to qualify and expect to receive*** a Bachelor's, Master's, Doctorate or Post-Doctorate degree?

☐ **NO**

☐ **YES**. Please indicate the name of the institution and month/year you 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 this form is necessary in determining my eligibility for certain forms of financial aid. No federal, state, or institutional financial aid funds will be disbursed to my student account until this form has been completed in its entirety and my eligibility for the applicable aid program(s) has been determined.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Sign After Printing

Signature _____ Date _____