2026-2027
FAEEHB

Expected Enrollment Hours

Student ID

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/

The federal One Big Beautiful Bill Act (OBBBA), that was signed into law on July 4, 2025 and became effective July 1, 2026, all Federal Direct Subsidized, Unsubsidized, and Graduate PLUS loans are subject to a Schedule of Reductions (SOR).

Your initial loan offer is based on the assumption of full-time enrollment (typically 12+ credits for undergraduates, 9+ credits for graduates). If you enroll less than full-time, federal regulations require our office to prorate (reduce) your loan eligibility to match your actual enrollment intensity.

Note: You must maintain at least half-time enrollment (6 credits for undergraduates, 3 hours in SUMMER and 5 in FALL/ SPRING credits for graduate programs.) to remain eligible for any federal loan funding. Parent PLUS loans are not subject to these prorated reductions.

Instructions: Complete and submit the Expected Enrollment Hours form.

Submit form using ONE of the following methods:

1. Online: Log on to myUTH, click on To Do List item, select submit, and follow instructions.
2. In Person: UCT Building, 7000 Fannin, Suite 2220, Houston, TX77030

A. STUDENT INFORMATION

Student Last Name	First Name	Middle Initial

B. PROGRAM ENROLLMENT

The impact of dropping and/or withdrawing from courses will be considered when calculating the loan eligibility. Adding courses will not result in an increase in the loan amount in the same period. Adjustments to increase will be made, if necessary, in the next term.

	SUMMER	FALL	SPRING
Hours Enrolled			

Expected Graduation Date: _____

C. CERTIFICATION AND SIGNATURE

By signing below, I acknowledge this enrollment is accurate and expected at the current date of signing. Should my expected enrollment plan change, I will notify the Office of Student Financial Services two weeks prior to the start of the term otherwise my award may be delayed, canceled or result in an over award of funds for which I am responsible for repaying.

Student Signature ***(no electronic signatures accepted)*** _____ Date _____