



Office of Financial Aid
 Room 110 University West
 Victoria, TX 77901-5731
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 Email: finaid@uhv.edu

UHV / VC Tuition Exchange Program

COMPLETED FORM SHOULD BE SUBMITTED TO APPLICANT'S FINANCIAL AID OFFICE

PERSONAL INFORMATION

Name _____

Home Address _____

City, State, Zip Code _____

Student ID# _____ Telephone # _____

Benefits eligible employee of: UHV _____ VC _____

COURSE INFORMATION

Semester Attending _____

Requested Course _____ (required)
 (must be completed if requesting a VC continuing education course)

Applicant Signature _____ Date _____

APPLICANT'S FINANCIAL AID OFFICE APPROVAL

Signature _____ Date _____

Printed Name _____

Title _____

Institution _____

AWARDING INSTITUTION'S FINANCIAL AID OFFICE APPROVAL

Signature _____ Date _____

Printed Name _____

Title _____

Institution _____

Scholarship Amount _____ Date credited _____

Statement of Non-Discrimination: The University of Houston-Victoria and Victoria College do not discriminate in admission policies on the basis of race, color, creed, religion, age, sex, national origin, disabling conditions, Veteran's status, or limited English proficiency.