



# Texas Hazlewood Act Exemption Application For Continued Enrollment \*

Updated 2023  
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For (Term) \_\_\_\_\_ (Year) \_\_\_\_\_ at (Institution) \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last Name First Name MI

Last 4 of Student SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Student's School ID#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

I am applying as (check only one):

☐ Veteran ☐ Legacy Child ☐ Spouse ☐ Child of 100% Disabled Veteran

**Read and mark each box acknowledging your understanding of the statement regarding your continued eligibility for the Hazlewood Exemption. Incomplete forms will be rejected.**

I have sufficient hours remaining to exempt tuition and fees for my courses; or if I do not have sufficient hours remaining, I understand my exemption will be prorated. Hours can be checked at: <https://hazlewood.tvc.texas.gov/students/>

I am meeting the Texas residency requirement for utilization of the Hazlewood Exemption. View residency requirements at: <https://www.tvc.texas.gov/education/hazlewood/#oIHZJyAb>

I am in good standing with all of the SAP requirements. For questions about SAP, contact [finaid@tarleton.edu](mailto:finaid@tarleton.edu).

I am not in default on any loans through the Texas Higher Education Coordinating Board.

I am under the age of 26 as of the first day of the semester for which this exemption is being requested. This statement only applies to students who selected the legacy child box.

I am the only student in my immediate family utilizing the Hazlewood Exemption for the semester for which this exemption is being requested. This statement only applies to students who selected the legacy child box.

**All exemptions are subject to change without prior notice at any time before, during, or after the semester if eligibility concerns arise or it is discovered that hours have been exhausted.**

**The deadline for submitting Hazlewood documents is the last day of the semester for which it is being requested. Forms will not be accepted after the deadline.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Submit this application to your college or university, not to the Texas Veterans Commission\***

\* This form will **not** be used for initial application for the Hazlewood Exemption, but will be used for enrollment of students subsequent to initial enrollment at the school in which the student is currently and consistently enrolled.