

South Carolina Higher Education Tuition Grants Commission

115 Atrium Way Suite 102 Columbia, SC 29223 Phone: (803) 896-1120 Fax: (803) 896-1126

GRANT TRANSFER, WITHDRAWAL, CHANGE FORM

Student Name: _____

Student SSN: XXX-XX- _____ (last 4 digits only)

Complete the section which applies to your change.

TRANSFER

I request to transfer my SC Tuition Grant for the _____ Award Year

_____ Beginning Fall Semester
_____ Beginning Spring Semester

From _____ College/University

To _____ College/University

IMPORTANT: Indicate program and housing status at new institution:

Select one: ___ Traditional Program ___ Non-traditional Program

Select one: ___ On Campus Boarding ___ Commuting (Living with Parent) ___ Commuting (Independent)

** I understand transferring my SC Tuition Grant may change the amount granted. **

WITHDRAWAL

I request to withdraw my SC Tuition Grant Application for the _____ Award Year.

I will not be attending _____ College/University.

CORRECTION / CHANGE

Please correct my housing status: (Select one:)

___ On Campus Boarding ___ Commuting (Living with Parent) ___ Commuting (Independent)

Permanent home address change:

SIGNATURE

Student Signature: _____ Date: _____

Submit completed form: SC Tuition Grants 115 Atrium Way, Suite 102 Columbia, SC 29223 / OR Fax: (803) 896-1126

SCHETGC use only:

Database Updated By _____

Date _____

Rev. 1/26/15