

Military Documentation:

I choose to continue participation in the Undergraduate Guaranteed Tuition Rate Program at the University of Oklahoma Health Sciences Center in accordance with the guidelines above. I understand that I will be locked into the undergraduate guaranteed tuition rate for the remaining two year completion period of my degree program and I cannot change from the undergraduate guaranteed tuition rate to the standard rate unless I drop below full-time status or withdraw.

Completed application form must be submitted to the Office of Admissions and Records at the time of initial enrollment for the student's first semester at the University of Oklahoma Health Sciences Center.

Submit to:	
OUHSC Office of Admissions and Records	
Post Office Box 26901	
Oklahoma City, Oklahoma 73126-0901	
Telephone: (405) 271-2359	
Fax Number: (405) 271-2480	
Name:	
(Last, First & Middle Initial)	
OUHSC ID or SSN:	
Previous Institution Attended:	
First Year of Participation:	Major:
Student's Signature:	Date:
	na Health Sciences Center permission to contact the above institution ergraduate Guaranteed Tuition Rate program at the University of
Office Use Only	
Guaranteed Tuition Participation Date:	Tuition Amount:
Letter from other Oklahoma institution certifying Guaranteed Tu	iition: