

RESIDENCY RECLASSIFICATION REQUEST

CORE RESIDENCY QUESTIONS

Texas Higher Education Coordinating Board rule 21.731 requires each student applying to enroll at an institution to respond to a set of core residency questions for the purpose of determining the student's eligibility for classification as a resident.

PART A: Student Basic Information: All students must complete this section

U.S. Social Security Number:					
OR					
Collin College Assigned Student	I.D. Number:				
Name:					
(Complete, Legal) Last	Name	First		Middle	
Address:			Apt. Numb	er	
City:	State:	Zip:	County:		
					(If Texas)
P.O. Box Address:					
	City		State		Zip
Date of Birth: /	/	Are you a U.S. citize	n?	□ Yes	🗖 No
If no, please list country of citiz	zenship:				
If no, please list your current st (Visa type, permanent resident	atus with USCIS: ;, refugee, etc.)				
PART B: Residency	Claim				
Are you a resident of Texas? If you answered Yes , conti If you answered No, answe	Tyes No No Part C.				
Office Use Only					3700-01JC
Old Res. Code	New Res. Code	Changed for Term	Staff		Date
					11516-18PB

TERM

I am applying for:

G Fall 20

□ Wintermester 20_____

- □ Spring 20 _____
- **Summer 20**_____

ersity

During the 12 months prior to the term for which you are applying, did you attend a public college or university in Texas in a I. fall or spring term? TYes No

2. What Texas public institution did you last attend? (Give full name, not just initials.)
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3.	In which terms were you last enrolled	l? (Check all that apply.)	□ Fall, 20	□ Spring, 20	
4.	During your last semester at a Texas Resident (in-state)			non-resident (out-of-st D Unknown	ate) tuition?
5.	If you paid in-state tuition at your la who received a waiver? Resident (in-state)	ast institution, was it becau		resident or because you	u were a non-resident
PART I	D: Basis of Claim for Re	esidency			

- 6. Do you file your own federal income tax as an independent tax payer? (An independent tax payer should not be claimed as a dependent for tax purposes by another person. If you file a joint return with your spouse, answer "yes.") TYes **D** No
- 7. Are you claimed as a dependent or are you eligible to be claimed as a dependent by a parent or court-appointed legal guardian? (To be eligible to be claimed as a dependent, your parent or legal guardian must provide at least one-half of your support. A step-parent does not qualify as a parent if he/she has not adopted the student.) T Yes No
- 8. If you answered "No" to both questions above, who provides the majority of your support? Other: □ Self **D** Parent **D** Legal Guardian

Home of Record?

Earnings Statement?

What state is listed as your military legal residence

for state tax purposes on your Leave and

Oun
"list"

	E: For Students who are Independent Tax Payers	Yes	No	
9.	Are you a U.S. citizen? (If yes, skip to question 13.)			
10.	Are you a permanent resident of the U.S.? (If yes, please name your country of citizenship and skip to question 13.)			Country
11.	Are you a foreign national whose application for permanent resident status has been preliminarily reviewed? (You should have received a fee/filing receipt or Notice of Action (I-797) from USCIS showing your I-485 has been reviewed and has not been rejected.)			
12.	Are you a foreign national here with a visa or are you a refugee, asylee, parolee, or here under temporary protective status? If so, indicate which:			Visa/Status
13.	Do you currently live in Texas? (If no and you are out of state due to a temporary assignment by your employer or other temporary purpose, please explain in Part H.)			
14a.	If you currently live in Texas, how long have you been living here? (Please provide month and year.)	Month		Year
14b.	What is your main purpose for being in the state? If for reasons other than those listed, give an explanation in Part H.	□ w	o to Colleg ⁄ork Assign tablish/Ma	
15.	If you are a member of the U.S. military, is Texas your	Yes	No	

RT	C:	Previous	Enroll	ment a	it a	Public	Texas	Colleg	e or	Univ
1	D.				C		1	- 1:1	1	· · · · · 1-1:

State

Part E continued

- 16. Do any of the following apply to you? (Check all that apply.)
- 16a. Hold title (Warranty Deed, Deed of Trust, or other similar instrument that is effective to hold title) to residential real property in Texas?
- 16b. Have ownership interest and customarily manage a business in Texas without the intention of liquidation in the foreseeable future?
- 17. While living in Texas have you: (Check all that apply.)
- 17a. Been gainfully employed for a period of at least 12 consecutive months? (Gainful employment requires an average employment of at least 20 hours per week for one year or earnings equal to at least half of tuition and living expenses for one 9-month academic year. Employment conditioned on student status such as work-study, the receipt of stipends, fellowships or research or teaching assistantships does not constitute gainful employment.)
- 17b. Received primary support through services from a social service agency for a period of at least 12 consecutive months?
- 18. Are you married to a person who has been classified as a Texas resident by a Texas public institution or who could answer "yes" to any part of question 16 or 17?
- 18a. If yes, indicate which question could be answered yes by your spouse.
- 18b. How long will you have been married to the Texas resident prior to enrollment?
- 18c. Is your spouse a U.S. citizen?

T Yes	date acquired
TYes	date acquired
TYes	🗖 No
T Yes	🗖 No
T Yes	□ No
Years	Months
T Yes	🗖 No

PART F: For students who are dependent on a parent or legal guardian for tax purposes

Name of parent or legal guardian: _

(Proof of court appointed legal guardianship will be required)

		Yes	No	
19.	Is the parent or legal guardian upon whom you base your claim of residency a U.S. citizen? If yes, skip to question 23.			
20.	Is the parent or legal guardian upon whom you base your residency a permanent resident of the U.S.? If yes, skip to question 23.			
21.	Is this parent or legal guardian a foreign national whose application for permanent resident status has been preliminarily reviewed? (He/she should have received a fee/filing receipt or Notice of Action (I-797) from USCIS showing his/her I-485 has been reviewed and has not been rejected.)			
22.	Is this parent or legal guardian a foreign national here with a visa or a refugee, asylee, parolee, or here under temporary protective status? If so, indicate which:			Visa/Status
23.	Does this parent or legal guardian currently live in Texas? (If no, and he/she is out of state due to a temporary assignment by his/her employer or other temporary purpose, please explain in Part H.)			
24a.	If he or she is currently living in Texas, how long has he/she been living here? (Please provide month and year.)	Mo	onth	Year
24b.	What is your parent's or legal guardian's main purpose for being in the state? If for reasons other than those listed, give explanation in Part H.			follege ssignment n/Maintain a Home
25a.	If he or she is a member of the U.S. military, is Texas his or her home of record?	Yes	No	
25b.	What state is listed as his or her military legal residence for state tax purposes on his or her Leave and Earnings Statement?		·	State

26. Do any of the following apply to your parent or legal guardian? (Check all that apply.)

26a.	Hold title (Warranty Deed, Deed of Trust, or other similar instrumer	nt
	that is effective to hold title) to residential real property in Texas?	

26b. Have ownership interest and customarily manage a business in Texas without the intention of liquidation in the foreseeable future?



Part F continued

27. While living in Texas, has your parent or legal guardian: (Check all that apply.)

27a.	Been gainfully employed for a period of at least 12 consecutive months? (Gainful employment requires an average employment of at least 20 hours per week for one year or earnings equal to at least half of tuition and living expenses for one 9-month academic year. Employment conditioned on student status such as work-study, the receipt of stipends, fellowships or research or teaching assistantships does not constitute gainful employment.)	TYes	No
27b.	Received services from a social service agency for a period of at least 12 consecutive months? Note: the dollar value of social services received may be combined with earnings to total at least one-half of tuition and living expenses for one 9-month academic year.	TYes	🗖 No
28.	Is your parent or legal guardian married to a person who could answer "yes" to any part of question 26 or 27?	TYes	🗖 No
28a.	If yes, indicate which question could be answered yes by your parent or legal guardian:	Question(s)	
28b.	How long has your parent or legal guardian been married to the Texas resident?	Years	Months
28c.	Is your parent or legal guardian's spouse a U.S. citizen?	T Yes	🗖 No

PART G: Acquisition of High School Diploma or GED (Texas Only)

		Yes	No
29a.	Did you graduate or will you graduate from high school or complete a GED in Texas prior to the term for which you are applying?		
29b.	If you graduated, or will graduate from high school, what was/is the name and city of the school?		
30.	Did you live in or will you have lived in Texas the 36 months leading up to high school graduation or completion of the GED?		
31.	When you begin the semester for which you are applying, will you have lived in Texas for the previous 12 months?		
32.	Are you a U.S. Citizen?		
33.	Are you a Permanent Resident?		

PART H: General Comments

Is there any additional information that you believe the college should know in evaluating your eligibility to be classified as a resident? If so, please provide below.

PART I: Certification of Residency: All students must complete this section

I understand that officials of Collin College will use the information submitted on this form to determine my status for residency eligibility. I authorize Collin College to verify the information I have provided. I agree to notify the proper officials of the college of any changes in the information provided. I certify that the information on this application is complete and correct and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment or appropriate disciplinary action. I understand my tuition status can be adjusted if proper residency documentation is not provided and that I am responsible for any additional tuition.

I understand that I will receive or have received information on Bacterial Meningitis as required by the State of Texas Senate Bill 31, 2001. Score Verification: I authorize Collin College to verify my Texas Success Initiative (TSI) or TASP scores, if necessary.

Signature

_Date

Note: Certification must be signed by student

CCCCD is an equal opportunity institution and provides education and employment opportunities without discrimination on the basis of race, color, religion, sex, age, national origin, disability or veteran status. With few exceptions, state law gives you the following rights regarding the information collected by Collin about you: the right to request to be informed about the information; the right to receive and review the information; and the right to correct information about you that is incorrect.

Reverse Transfer Agreement

Earn your associate degree at Collin College!

By giving Collin College permission to share data with and from other colleges and universities you attended, we can evaluate your credits to determine if you are eligible for a degree or certificate from Collin College.

Your authorization is used to share student data between schools without violation of FERPA (privacy) laws. Your data is only accessed by officials at Collin College who have authority to evaluate your course work. You may rescind this agreement at any time by notifying the Registrar's Office in writing.

Bacterial Meningitis Vaccine

STATE LEGISLATION mandates that effective Spring 2012, all new students under the age of 22 are required to provide proof of having received the bacterial meningitis vaccination or booster by the 10th day before the first day of the semester. The legislation does not apply to you if you are enrolled only in courses online or via distance education.

You must provide proof of receiving the vaccine to Collin College or file for an exemption. The Texas Department of State Health Services allows exemptions from the immunization requirement based on:

- Reasons of conscience, including but not limited to a religious belief
- Active duty with the armed forces of the United States

Visit the TDSHS immunization exemptions webpage for instructions on requesting an exemption.

You may fax your documentation to 1.972.548.6702 or 972.377.1792. For more information on exceptions and exemptions, email us at Admissions@collin.edu.

The vaccine must be current and valid through the term for which you are applying. You must provide proof of receiving the vaccine or turn 22 years of age at least one day before the semester begins.

DO NOT COMPLETE THIS FORM IF YOU ARE A U.S. CITIZEN

AFFIDAVIT

STATE OF TEXAS §

COUNTY OF COLLIN §



Before me, the undersigned Notary Public, on this day personally appeared

, known to me, who being by me duly sworn upon his/her oath,

deposed and said:

- My name is ______. I am _____. years of age and have personal knowledge of the facts stated herein and they are all 1. My name is ____ true and correct.
- 2. I graduated or will graduate from a Texas high school or received my GED certificate in Texas.
- 3. I resided in Texas for three years leading up to graduation from high school or receiving my GED certificate.
- 4. I have resided or will have resided in Texas for the 12 months prior to the census date of the semester in which I will enroll in Collin County Community College.
- 5. I have filed or will file an application to become a permanent resident at the earliest opportunity that I am eligible to do so.

In witness whereof, this ______ day of ______ , 20 ____ , 20 ____ .

(Signature)

(Printed name)

(Student ID #)

SUBSCRIBED TO AND SWORN TO BEFORE ME, this_	day of	,20	, to
certify which witness my hand and official seal.			

Notary Public in and for the State of Texas