

TERM					
I am	I am applying for:				
	Fall 20				
	Wintermester 20				
	Spring 20				
	Maymester 20				
	Summer 1/3 20				
	Summer 2 20				

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

Last Na	me	First (Complete, Legal)	Mic	ldle
U.S. Social Security Number:				
Assigned Student I.D. Number	er:			
Date of Birth:/	/	_		
Are you a U.S. citizen?	J Yes ☐ No			
If no, please list country of cit	izenship:			
(Visa type, permanent resident PART B: Residency	t, refugee, etc.)			
Are you a resident of Texas? If you answered Yes , cont If you answered No , answ	Yes No No tinue to Part C.	on:		
Office Use Only				3760-01JC 01/2012
Old Res. Code	New Res. Code	Changed for Term	Staff	Date

12PB-047

1.	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 fall or spring term? Yes No									
2. What Texas public institution did you last attend? (Give full name, not just initials.)										
3.	3. In which terms were you last enrolled? (Check all that apply.) Fall, 20 Spring, 20									
4.	4. During your last semester at a Texas public institution, did you pay resident (in-state) or Resident (in-state) Non-resident (out-of-state)						re) or non-resident (out-of-state) tuition? Unknown			
5.	5. If you paid in-state tuition at your last institution, was it because you were classified as a resident or because you were a n who received a waiver?						you were a non-residen			
	Resident (in-state)		Non-resident with	a waiver	☐ U	nknown				
	D: Basis of Claim for Do you file your own federal ind dependent for tax purposes by a Yes No	come tax a	s an independent ta:				ot be claimed as a			
7.	Are you claimed as a depend guardian? (To be eligible to be of A step-parent does not qualify as	laimed as	a dependent, your pa	rent or legal guardia	n must provid	_				
8.	,	uestions al	_	the majority of your solution. Other:	support?		_			
PART	E: For Students who	are In	dependent 1	ax Payers	Voc	No				
	Are you a U.S. citizen? (If yes, s			•	Yes	No				
10.	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.	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.	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 demployer or other temporary pu			• •						
14a.	If you currently live in Texas, how long have you been living here? (Please provide month and year.) Month Year					Year				
14b.	What is your main purpose for If for reasons other than those lis in Part H.	_			Go to College Work Assignment Establish/Maintain a Home					
15.	If you are a member of the U.S. Home of Record? What state is listed as your mil.	-	-		Yes	No				
	for state tax purposes on your L. Earnings Statement?		residence		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?	☐ Yes	date acquired	_ 🗍 No
16b.	Have ownership interest and customarily manage a business in Texas without the intention of liquidation in the foreseeable future?	☐ Yes	•	_ 🗍 No
16c.	Hold a state or local license to conduct a business or practice a profession in Texas?	☐ Yes	date acquired	_ 🗍 No
17.	While living in Texas have you: (Check all that apply.)		date acquired	
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.)	☐ Yes	☐ No	
17b.	Received primary support through services from a social service agency for a period of at least 12 consecutive months?	☐ Yes	☐ No	
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?	☐ Yes	☐ No	
18a.	If yes, indicate which question could be answered yes by your spouse.	Question(s)_		
18b.	How long will you have been married to the Texas resident prior to enrollment?	Years	Months	

☐ Yes

☐ No

18c. Is your spouse a U.S. citizen?

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 b	e require	ed)		
		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.		☐ Go to College ☐ Work Assignment ☐ Establish/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 instrument that is effective to hold title) to residential real property in Texas?	☐ Y	es	date acquired No	
26b.	Have ownership interest and customarily manage a business in Texas without the intention of liquidation in the foreseeable future?		/es	date acquired No	
26c.	Hold a state or local license to conduct a business or practice a profession in Texas?	☐ Y	es	date acquired No	

	While living in Texas, has your parent or legal guardian: (Check all that apply	.)		
?7a.	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.)	☐ Yes	□ 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.	☐ Yes	□ No	
28.	Is your parent or legal guardian married to a person who could answer "yes" to any part of question 26 or 27?	☐ Yes	☐ 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	Mont	ths
28c.	Is your parent or legal guardian's spouse a U.S. citizen?	☐ Yes	☐ No	
RT (G: Acquisition of High School Diploma or GED (Te	xas Only)		
	Did you graduate or will you graduate from high school or complete		Yes	No
29a.	a GED in Texas prior to the term for which you are applying?			
	a GED in Texas prior to the term for which you are applying? If you graduated, or will graduate from high school, what was/is the name and city of the school?			
29b.	If you graduated, or will graduate from high school, what was/is			
29b.	If you graduated, or will graduate from high school, what was/is the name and city of the school? Did you live in or will you have lived in Texas the 36 months			
29b. 30. 31.	If you graduated, or will graduate from high school, what was/is the name and city of the school? 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? When you begin the semester for which you are applying, will			

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.

	nd that I will receive or have received information on Bacterial Meningitis as required by tion: I authorize CCCCD to verify my Texas Success Initiative (TSI) or TASP scores, if	
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 Admissions and Records department in writing.

Bacterial Meningitis Vaccine

NEW STATE LEGISLATION mandates that effective Spring 2012, all new students under the age of 30 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 30 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 undersign	ed Notary Public, on t	this day personally	y appeared	
	,	known to me, wh	no being by me duly sv	worn upon his/her oath,
deposed and said:				
			I an	
2. I graduated or wi	ll graduate from a Tex	as high school or	received my GED cert	tificate in Texas.
3. I resided in Texas	for three years leading	g up to graduation	n from high school or	receiving my GED certificate
	will have resided in Te ll in Collin County Co		_	us date of the semester in
5. I have filed or wil eligible to do so.	l file an application to	become a perman	nent resident at the ea	rliest opportunity that I am
In witness whereof, this _	day of		, 20	
(Signature)				
(Printed name)				
(Student ID #)				
SUBSCRIBED TO AND to certify which witness			day of	
Notary Public in and fo	r the State of Texas			