

# ApplyTexas Application Freshman Admission

THIS APPLICATION SHOULD NOT BE USED BY INTERNATIONAL STUDENTS.

You are encouraged to complete this application online at <https://www.applytexas.org>.

This application is intended for use in applying for Academic Year 2018-2019.

Write in the name of the college or university to which you are applying. On the line below the institution's name, write in your first-choice and second-choice majors. You can find the majors and codes/abbreviations online at <https://www.applytexas.org>, or on institution websites.

Institution: \_\_\_\_\_  
(Semester / Year)

Major: \_\_\_\_\_  
(Major Name--First Choice) (Major Name--Second Choice)

## PART I. BIOGRAPHICAL INFORMATION

1. U. S. Social Security Number\*: \_\_\_\_\_

\* Please enter your Social Security number if you have one. It is used to match your application to your transcript and test scores, and for financial aid.

2. When were you born? (Required): \_\_\_\_\_ (mm/dd/yyyy)

Enter your date of birth (Month/Day/Year). Do not leave blank; this information is required.

3. Full, Legal Name: \_\_\_\_\_  
(Last Name/Family Name) (First Name) (Middle Name) (Suffix: Jr., etc.)

Enter your full legal last, first, and middle name. Do not use nicknames or abbreviations because this information will be used for your official record if you enroll. Use your full legal name on all documents sent to the institution to which you are applying. Please do not include diacritical marks such as accents (´) or tildes (~).

4. Other names or aliases:

If you attended school using a different name or took a standardized college entrance exam (for example, SAT, GRE, TOEFL) using a different name, please list

name(s): \_\_\_\_\_

5. Place of Birth (Required): \_\_\_\_\_  
(City) (State) (Country if not U.S.)

6. Are you a U.S. citizen? (Required.) \_\_\_\_\_ Yes \_\_\_\_\_ No

Non-U.S. Citizens complete the following

(a) If "No," of what country are you a citizen? \_\_\_\_\_

(b) Do you hold Permanent Resident status (valid I-551) for the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", please submit a copy of both sides of the card.

If "Yes," date permanent resident card with 4 digit year:

Permanent resident card: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Alien Number\*\*:  
(Month) (Day) (4-digit Year)

\*\*Failure to provide Alien Number may delay processing.

(c) If you are not a U.S. citizen or permanent resident, do you have an application for permanent residence (form I-485) pending with the U. S. Citizenship and Immigration Services (USCIS)?

(If "Yes," submit a copy of your Notice of Action from the USCIS, form I-797C.)

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable

(d) If you have an Individual Taxpayer Identification Number (ITIN) and do NOT have a Social Security Number filled in above, please enter the ITIN here. Otherwise, please leave this blank. ITIN: \_\_\_\_\_

(e) If you are not a citizen or permanent resident or have no application pending with the USCIS, did you live or will you have lived in Texas for 36 consecutive months leading up to high school graduation or completion of the GED?  
\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Not Applicable (If "Yes," please submit a completed "Affidavit of Intent to Become a Permanent Resident." The affidavit is usually available from a college or university's admissions or international admissions office.)

(f) If you are not a U.S. citizen or U.S. permanent resident, are you a foreign national here with a **visa that makes you eligible to domicile for Texas residency purposes** or are you a Refugee, Asylee, Parolee or here under Temporary Protective Status?

\_\_\_\_ Yes \_\_\_\_ No (If "Yes," please submit a copy of your Notice of Action from the USCIS, form I-797C, or a copy of your current visa.)

7. Status as a current U.S. military service member, veteran, or dependent:

A U.S. military service member is a person who is serving in any branch of the U.S. Armed Forces, including the National Guard or Reserves. Please select any of the following that apply to you.

I am a:

- \_\_\_\_ Veteran (former U.S. military service member)      \_\_\_\_ Spouse or dependent of, or a veteran or current U.S. military Service member with an injury or illness resulting from military service (service-connected injury/illness)
- \_\_\_\_ Current U.S. military service member      \_\_\_\_ Spouse or dependent of a deceased U.S. service member
- \_\_\_\_ Spouse or dependent of a veteran or a current U.S. military service member

8. Permanent Address (Required): Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

9. Physical Address (Current street address where you reside if different from above. If your physical address is the same as your Permanent Address, leave this question blank.):

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

10. Phone Numbers:

Preferred Phone (Required): ( \_\_\_\_ ) \_\_\_\_\_ Preferred Phone Type (Required) \_\_\_\_\_ (home, work, cell)

Alternate Phone: ( \_\_\_\_ ) \_\_\_\_\_ Alternate Phone Type \_\_\_\_\_ (home, work, cell)

11. Emergency Contact (Required): Name \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_\_  
(Last Name/Family Name) (First Name)

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail for Emergency Contact: \_\_\_\_\_

12. Student e-mail address (Required): \_\_\_\_\_

13. Family Education Background:

Please indicate the highest level completed of your parents' or legal guardians' educational background:

Parent/Legal Guardian 1:

\_\_\_\_ No high school      \_\_\_\_ some high school      \_\_\_\_ High school diploma or equivalent such as GED      \_\_\_\_ Some College  
\_\_\_\_ Associate's/2-year Degree      \_\_\_\_ Bachelor's/4-year Degree      \_\_\_\_ Graduate/Professional Degree      \_\_\_\_ Unknown

Relation to you

\_\_\_\_ Mother      \_\_\_\_ Father      \_\_\_\_ Stepmother      \_\_\_\_ Stepfather      \_\_\_\_ Guardian      \_\_\_\_ Other Adult

Parent/Legal Guardian 2:

No high school     some high school     High school diploma or equivalent such as GED     Some College  
 Associate's/2-year Degree     Bachelor's/4-year Degree     Graduate/Professional Degree     Unknown

Relation to you

Mother     Father     Stepmother     Stepfather     Guardian     Other Adult

14. Ethnicity and Race:

- (a) Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)?  Yes     No
- (b) Please select the racial category or categories with which you most closely identify. Check as many as apply.

American Indian or Alaskan Native

(A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

Asian

(A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine islands, Thailand, and Vietnam.)

Black or African American

(A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander

(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.)

White

(a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

15. Your gender:     Male     Female

16. In addition to English, what languages do you speak fluently?

Language 1 \_\_\_\_\_    Years spoken \_\_\_\_\_

Language 2 \_\_\_\_\_    Years spoken \_\_\_\_\_

17. Please indicate, for the most recent tax year, your family's gross income. Include both untaxed and taxed income:

Less than \$20,000     \$20,000-\$39,999     \$40,000-\$59,999     \$60,000-\$79,999  
 \$80,000-\$99,999     \$100,000-\$149,999     \$150,000-\$199,999     more than \$200,000  
 Unknown

18. How many people, including yourself, live in your household (Required)? (Include brothers/sisters attending college.) \_\_\_\_\_

19. Do you have family obligations that keep you from participating in extracurricular activities?     Yes     No

If you have family obligations, do you:

(a) Have to work to supplement family income? Please describe. \_\_\_\_\_

(b) Provide primary care for family member(s)? Please describe. \_\_\_\_\_

(c) Have other family obligations that prevent participation? Please describe. \_\_\_\_\_

**Supplemental Parental Information** (Not required by all institutions; check with the Admissions Office.)

Parent/Guardian 1:

Relationship to you \_\_\_\_\_

Name: \_\_\_\_\_

(Title: Mr., etc.) (Last Name) (First Name) (Middle Initial) (Suffix: Jr., etc.)

Is this person still living? Yes \_\_\_ No \_\_\_

Do you live with this person? Yes \_\_\_ No \_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone numbers:

Preferred Phone (Required): ( ) \_\_\_\_\_ Preferred Phone Type (Required) \_\_\_\_\_ (home, work, cell)

Alternate Phone: ( ) \_\_\_\_\_ Alternate Phone Type \_\_\_\_\_ (home, work, cell)

E-mail address: \_\_\_\_\_

Parent/Guardian 2:

Relationship to you \_\_\_\_\_

Name: \_\_\_\_\_

(Title: Mr. etc.) (Last Name) (First Name) (Middle Initial) (Suffix: Jr., etc.)

Is this person still living? Yes \_\_\_ No \_\_\_

Do you live with this person? Yes \_\_\_ No \_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone numbers:

Preferred Phone (Required): ( ) \_\_\_\_\_ Preferred Phone Type (Required) \_\_\_\_\_ (home, work, cell)

Alternate Phone: ( ) \_\_\_\_\_ Alternate Phone Type \_\_\_\_\_ (home, work, cell)

E-mail address: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

20. Are you a freshman with no previous college credit hours \_\_\_\_\_ college credit hours \_\_\_\_\_

Have an official transcript sent to each university to which you apply. \_

21. High school you graduated from or expect to graduate from (Required):

\_\_\_\_\_

(Complete name of high school)

\_\_\_\_\_

(City (or country of high school, if not U.S.))

\_\_\_\_\_

(State of high school if in U.S.)

High School Code: \_\_\_\_\_ (See your high school counselor.)

Are you home-schooled? (Response required.) \_\_\_ Yes \_\_\_ No

Date graduated or expect to graduate: MM ( \_\_\_ \_\_\_ ) YYYY ( \_\_\_ \_\_\_ \_\_\_ \_\_\_ )

Do you plan to graduate with an IB (International Baccalaureate) diploma? (Response required.) \_\_\_ Yes \_\_\_ No

22. Do you have a GED or have you completed another high school equivalency program? \_\_\_ Yes \_\_\_ No \_\_\_ Not Applicable

If yes, which test version: \_\_\_ English \_\_\_ Spanish Date Certificate Completed: MM ( \_\_\_ \_\_\_ ) YYYY ( \_\_\_ \_\_\_ \_\_\_ \_\_\_ )

In what state/possession/province did you receive your Certificate of High School Equivalency? \_\_\_\_\_

23. Please list **ALL** previous colleges or universities you have attended or are attending, including college-level correspondence study and dual credit. (Required) **Failure to list all institutions will be considered an intentional omission and may lead to forced**

**withdrawal.** Have an official transcript sent to each university to which you apply. Please send an official transcript from all schools listed.

| Name of Institution | City and State | Dates of Attendance |         | Hours Earned |
|---------------------|----------------|---------------------|---------|--------------|
|                     |                | From                | Through |              |

College Code: \_\_\_\_\_

Please indicate if you have earned or will earn a degree by the time you plan to enroll.

Major/Area of Study: \_\_\_\_\_ Degree Date: \_\_\_\_\_ Type of Degree: \_\_\_\_\_

| Name of Institution | City and State | Dates of Attendance |         | Hours Earned |
|---------------------|----------------|---------------------|---------|--------------|
|                     |                | From                | Through |              |

College Code: \_\_\_\_\_

Please indicate if you have earned or will earn a degree by the time you plan to enroll.

Major/Area of Study: \_\_\_\_\_ Degree Date: \_\_\_\_\_ Type of Degree: \_\_\_\_\_

| Name of Institution | City and State | Dates of Attendance |         | Hours Earned |
|---------------------|----------------|---------------------|---------|--------------|
|                     |                | From                | Through |              |

College Code: \_\_\_\_\_

Please indicate if you have earned or will earn a degree by the time you plan to enroll.

Major/Area of Study: \_\_\_\_\_ Degree Date: \_\_\_\_\_ Type of Degree: \_\_\_\_\_

24. Are you currently on academic suspension from the last college you attended?  yes  no

**REVERSE TRANSCRIPT (Response required.)**

25. Your transcript will be shared with the community college(s) you previously attended for considering eligibility for and awarding of an Associate's degree (if you qualify). Do you consent?

Yes  No  Not applicable - question does not apply to me

**EDUCATIONAL INFORMATION**

26. If you plan to pursue a pre-professional program, please specify which one (e.g., pre-law, medicine, nursing, veterinary, physical therapy, pharmacy, or other). \_\_\_\_\_

27. Will you seek teacher certification? (Response required.)  Yes  No If Yes, indicate which level:

Elementary Level (Early Childhood-Grade 4) \_\_\_\_\_; Middle School/Junior High Level (Grades 4-8) \_\_\_\_\_;

High School Level (Grades 8-12) \_\_\_\_\_; or All-Level (Early Childhood-Grade 12) \_\_\_\_\_

28. Senior Course Information

List exact titles of the courses you will complete your senior year. Indicate if the course is an AP or IB, dual credit or concurrent enrollment, and when the course was taken. Include college course work, if any, you will complete during your senior year.

| Senior Courses | AP/IB | Dual Credit/<br>Concurrent<br>Enrollment | Semester                 |                          | or | Trimester                |                          |                          |
|----------------|-------|--|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|
|                |       |  | 1st                      | 2nd                      |    | 1st                      | 2nd                      | 3rd                      |
| _____          | _____ | _____                                    | <input type="checkbox"/> | <input type="checkbox"/> |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____          | _____ | _____                                    | <input type="checkbox"/> | <input type="checkbox"/> |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____          | _____ | _____                                    | <input type="checkbox"/> | <input type="checkbox"/> |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____          | _____ | _____                                    | <input type="checkbox"/> | <input type="checkbox"/> |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____          | _____ | _____                                    | <input type="checkbox"/> | <input type="checkbox"/> |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____          | _____ | _____                                    | <input type="checkbox"/> | <input type="checkbox"/> |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____          | _____ | _____                                    | <input type="checkbox"/> | <input type="checkbox"/> |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____          | _____ | _____                                    | <input type="checkbox"/> | <input type="checkbox"/> |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**TESTS SCORES**

29. Check those you have taken or plan to take. Please have official test scores sent directly from the testing agency to the colleges and/or universities to which you apply.

ACT - Date taken or plan to take: \_\_\_\_\_ (Month/4-Digit Year)

SAT - Date taken or plan to take: \_\_\_\_\_ (Month/4-Digit Year)

TOEFL - Date taken or plan to take (if your native language is not English): \_\_\_\_\_ (Month/4-Digit Year)

IELTS - Date taken or plan to take (if your native language is not English): \_\_\_\_\_ (Month/4-Digit Year)

**RESIDENCY INFORMATION** (Please answer all questions. Use N/A if the question does not apply to you.)

30. Previous Enrollment:

(a) During the 12-month period before you intend to begin classes, did you attend or are you attending a **public** college or university in Texas in a fall or spring term (excluding summer)?

\_\_\_ Yes [If yes, complete (b) through (e).]

\_\_\_ No (If no, skip to question 31.)

(b) What Texas public college or university did you last attend? (Give full name, not just initials.) (Residency status is not affected by attending a private college or university.)

\_\_\_\_\_

(c) In which semester were you last enrolled (excluding summer)? \_\_\_ Fall 2017 \_\_\_ \_\_\_ Spring 2018 \_\_\_

(d) During your last semester at a Texas public college or university, did you pay resident (in-state) or nonresident (out-of-state) tuition? \_\_\_ Resident (in-state) \_\_\_ Nonresident (out-of-state) \_\_\_ Unknown

(e) If you paid in-state tuition at your last institution, was it because you were classified as a Texas resident or because you were a nonresident who received a waiver?

\_\_\_ Resident \_\_\_ Nonresident with a waiver \_\_\_ Unknown

31. Residency Information:

(a) Of what state are you a resident? \_\_\_\_\_

(b) Did you live or will you have lived in Texas for at least 36 consecutive months before graduating from a public or private Texas high school or completing a high school equivalency certificate such as GED? (To answer "Yes," you must either

graduate from a Texas public or private high school, earn or plan to earn a high school equivalency certificate, or plan to complete a home-school program. All others must answer "No.")

Yes  No

- (c) When you begin the semester for which you are applying, will you have lived in Texas for the previous 12 consecutive months?  Yes  No

If you answered "yes" to both 31(b) and 31(c), skip to question 36.

32. Basis of Claim to Residency.

(If you answered "no" to part (b) or (c) of question 31, answer the following questions to assist your institution in determining your residency classification for tuition purposes.)

- (a) Do you file federal income tax as an independent taxpayer? (An independent taxpayer should not be claimed as a dependent for tax purposes by another person. If you file a joint return with your spouse, answer "yes.")  
 Yes (If yes, continue to question 33.)  No
- (b) Are you claimed 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 or she has not adopted you.)  
 Yes (If yes, skip to question 34.)  No
- (c) If you answered "No" to both 32(a) and 32(b), who provides the majority of your support?  
 Self (Continue to question 33.)  
 Parent or legal guardian (Skip to question 34.)  
 Other (Skip to question 36, provide an explanation in number 35, and then read and sign number 37.)

33. If you answered "Yes" to 32(a) or "Self" to 32(c), answer the following:

- (a) Are you a U.S. Citizen?  Yes  No
- (b) Are you a Permanent Resident of the U.S.?  Yes  No
- (c) Are you a foreign national who has submitted an application for Permanent Resident Status to the U.S. Citizenship and Immigration Service (USCIS) and has received a fee/filing receipt or Notice of Action (I-797) from USCIS showing that your I-485 has gone through preliminary review and not been rejected?  Yes  No
- (d) Are you a foreign national here with a visa eligible to domicile in the United States or are you a Refugee, Asylee, Parolee or here under Temporary Protective Status?  
If so, indicate which Visa Status: \_\_\_\_\_
- (e) Do you currently live in Texas?  
 Yes  No (If no, skip to 35. If you are out of state for a temporary job assignment or for another reason, please answer "No" and explain in question 35.)
- (f) (1) If you currently live in Texas, how long have you been living here? \_\_\_\_\_ Years \_\_\_\_\_ Months  
(2) What is your main reason for being in the state?  
 go to college  establish/maintain a home  work assignment  
If for reasons other than those listed above, give an explanation in question 35.
- (g) (1) If you are a member of the U.S. military, is Texas your Home of Record?  Yes  No  
(2) What state is listed as your military legal residence for tax purposes on your Leave and Earnings Statement?  
\_\_\_\_\_
- (h) (1) Do you hold the title (Warranty Deed, Deed of Trust, or other similar instrument that is effective to hold title) to residential real property in Texas?  Yes  No  
If yes, date acquired: \_\_\_\_\_

- (2) Do you have ownership interest and customarily manage a business in Texas without the intention of liquidation in the foreseeable future?  Yes  No If yes, date acquired: Month:  Year
- (i) (1) For the past 12 months, have you been gainfully employed in Texas?  Yes  No  
(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.)
- (2) For the past 12 months, have you received primary support from a social service agency?  Yes  No
- (j) Are you married to a person who could answer "yes" to any part of question (h) or (i)?  Yes  No  
If "yes," indicate which question could be answered "yes" by your spouse: \_\_\_\_\_  
How long have you been married to the Texas resident? \_\_\_\_\_ Years \_\_\_\_\_ Months

If you answered question 33, skip question 34 and continue to question 35.

34. If you answered "Parent" or "Legal Guardian" to question 32(c), answer the following:

- (a) Is the parent or legal guardian upon whom you base your claim of residency a U.S. Citizen?  Yes  No
- (b) Is the parent or legal guardian upon whom you base your claim of residency a Permanent Resident of the United States of America?  Yes  No
- (c) Is this parent or legal guardian a foreign national whose application for Permanent Resident Status has been preliminarily reviewed? (Your parent or legal guardian should have received a fee/filing receipt or Notice of Action (I-797) from U. S. Citizenship and Immigration Services (USCIS) showing the I-485 has been reviewed and has not been rejected.)  
 Yes  No
- (d) Is this parent or legal guardian a foreign national here with a visa eligible to domicile in the United States or a Refugee, Asylee, Parolee or here under Temporary Protective Status?  
If so, indicate which: \_\_\_\_\_(Visa/Status)
- (e) Does this parent or legal guardian currently live in Texas?  
 Yes  No (If no, skip to 35. If this parent or legal guardian is out of state due to a temporary job assignment or for another reason, please answer "No" and explain in question 35.)
- (f) (1) If your parent or legal guardian is currently living in Texas, how long has he or she been living here?  
\_\_\_\_\_ Years \_\_\_\_\_ Months
- (2) What is your parent's or legal guardian's main reason for being in the state?  
 Go to college  Establish/maintain a home  Work assignment  
If for reasons other than those listed above, give an explanation in question 35.
- (g) (1) If your parent or legal guardian is a member of the U.S. military, is Texas his or her Home of Record?  
 Yes  No
- (2) What state is listed as your parent's or legal guardian's residence for tax purposes on his or her Leave and Earnings Statement? \_\_\_\_\_
- (h) Does your parent or legal guardian:
- (1) hold the title (Warranty Deed, Deed of Trust, or other similar instrument that is effective to hold title) to residential real property in Texas?  Yes  No If yes, date acquired: \_\_\_\_\_
- (2) have ownership interest and customarily manage a business in Texas without the intention of liquidation in the foreseeable future?  Yes  No If yes, date acquired: \_\_\_\_\_
- (i) For the past 12 consecutive months, has your parent or legal guardian:
- (1) been gainfully employed in Texas?  Yes  No



(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.)

(2) received primary support from a social service agency?  Yes  No

(j) Is your parent or legal guardian married to a person who could answer “yes” to any part of question (h) or (i)?  
 Yes  No

If “yes,” indicate which question could be answered “yes” by his or her spouse: \_\_\_\_\_  
How long has your parent or legal guardian been married to the Texas resident? \_\_\_\_\_ Years \_\_\_\_\_ Months

35. General Comments. Provide any additional information that you believe your college or university should know about when evaluating your eligibility to be classified as a resident.

---

---

---

---

---

---

---

---

---

---

36. All students must read and sign this section.

Certification of Information

- Notification of Rights under Texas Law: Information collected about you through this application may be held by any institution of higher education to which you apply. With few exceptions, you are entitled on your request to be informed about the collected information. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under section 559.004 of the Texas Government Code, you are entitled to correct information held by an institution that is incorrect. You may correct information held by any institution to which you apply by contacting the institution. The information that is collected about you will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time. The Texas Higher Education Coordinating Board, or its authorized representative(s), has permission to contact you regarding your ApplyTexas application and/or regarding related educational outreach purposes (including, for example, to make you aware of financial aid opportunities) using any of the contact information for communication methods (email, mail, phone, cellular, text message, or automated telephone dialing equipment). Your information will not be sold for commercial purposes.
- If my application is accepted, I agree to abide by the policies, rules and regulations at any college to which I am admitted. I authorize the college to verify the information I have provided. I certify that the information I have provided 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 and/or appropriate disciplinary action. I understand that officials of my college will use the information submitted on this form to determine my status for residency eligibility. I authorize the college to electronically access my records regarding the Texas Success Initiative. I agree to notify the proper officials of the institution of any changes in the information provided.

Beginning on January 1, 2012, all entering students are required to show evidence of an initial bacterial meningitis vaccine or a booster dose during the five-year period preceding and at least 10 days prior to the first day of the first semester in which the student initially enrolls at an institution. An entering student includes a first-time student of an institution of higher education or private or independent institution of higher education and includes a transfer student, or a student who previously attended an institution of higher education before January 1, 2012, and who is enrolling in the same or another institution of higher education following a break in enrollment of at least one fall or spring semester.

Bacterial Meningitis is a serious, potentially deadly disease that can progress extremely fast – so take utmost caution. It is an inflammation of the membranes that surround the brain and spinal cord. The bacteria that causes meningitis can also infect the blood. This disease strikes about 3,000 Americans each year, including 100-125 on college campuses, leading to 5-15 deaths among college students every year. There is a treatment, but those who survive may develop severe health problems or disabilities.

#### Exemptions to Bacterial Meningitis Vaccination Requirement

A student is not required to submit evidence of receiving the vaccination against bacterial meningitis if the student meets any of the following criteria:

- the student is 22 years of age or older by the first day of the start of the semester (effective 1/1/2017); or
- the student is enrolled only in online or other distance education courses; or
- the student is enrolled in a continuing education course or program that is less than 360 contact hours, or continuing education corporate training; or
- the student is enrolled in a dual credit course which is taught at a public or private K-12 facility not located on a higher education institution campus; or
- the student is incarcerated in a Texas prison.

A student is not required to submit evidence of receiving the vaccination against bacterial meningitis if the student submits to the institution:

- an affidavit or certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, stating that in the physician's opinion, the vaccination would be injurious to the health and well-being of the student; or
- an affidavit signed by the student stating that the student declines the vaccination for reasons of conscience, including a religious belief. A conscientious exemption form from the Texas Department of State Health Services must be used; or
- confirmation that the student has completed the Internet-based Department of State Health Services form to claim an exemption for reasons of conscience (for entering students at community and technical colleges ONLY).

Information about requesting the affidavit form from DSHS is found at <http://www.dshs.state.tx.us/immunize/school/default.shtm#exclusions/>. The DSHS form may be ordered electronically; however they will be mailed to the address provided by the student. Please allow up to two weeks to receive the form.

For Public Junior College Students only: to access the DSHS secure on-line exemption form click here:

<https://corequestjc.dshs.texas.gov/> A copy of the form must be submitted to the designated school official at the institution the student will be attending.

For more information, contact your health care provider, local Texas Department of Health Services or the Student Health Center at the institution in which you enroll (for the availability of the vaccine)

▪ **I certify that I have read and understand the New Requirements and Important Information about Bacterial Meningitis.**                      **See text above.**

- Financial aid information: You must apply for financial aid separately. You may apply for financial aid online. The FAFSA application can be found at <https://fafsa.ed.gov>. Contact the financial aid office directly for more information.
- Non-discrimination clause: Admission to any of the Texas institutions of higher education and any of their sponsored programs is open to qualified individuals regardless of race, color, gender, sexual orientation, creed, age, national origin or disability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## Essays

Institutions do not require all four essays. See “General Application Information” at:

<http://www.collegeforalltexans.com/apps/publications/> to determine if you are required to write an essay or essays as part of your application for admission. Unless otherwise specified, your essay(s) should be typed and be no longer than one page (8 1/2” x 11”). Please put your name and Social Security number at the top of each page. Essays should include 500-750 words.

### **Topic A.**

What was the environment in which you were raised? Describe your family, home, neighborhood, or community, and explain how it has shaped you as a person.

### **Topic B.**

Most students have an identity, an interest, or a talent that defines them in an essential way. Tell us about yourself.

### **Topic C.**

You've got a ticket in your hand -- Where will you go? What will you do? What will happen when you get there?

### **Topic D.**

The essay in this section is specific to certain institutions and majors. It is not required by most colleges/universities that accept the ApplyTexas Application. Please see the “General Application Information.”

Personal interaction with objects, images and spaces can be so powerful as to change the way one thinks about particular issues or topics. For your intended area of study (architecture, art history, design, studio art, visual art studies/art education), describe an experience where instruction in that area or your personal interaction with an object, image or space effected type of change in your thinking. What did you do to act upon your new thinking and what have you done to prepare yourself for further study in this area?

---

## **Application Fee**

Application fees are listed in the “General Application Information,” at <http://www.collegeforalltexans.com/apps/publications/> Include the student’s name and Application ID number on your check or money order. Check the website of the institution(s) to which you are applying to see if credit card payment of the application fee is also accepted. Students with financial need should check with their high school counselor or the institution(s) to which they are applying for information concerning a possible waiver of the application fee (i.e., college application fee waiver).