

# ApplyTexas Application (formerly Texas Common Application)

## Freshman Admission

THIS APPLICATION SHOULD NOT BE USED BY INTERNATIONAL STUDENTS.  
You are encouraged to complete this application online at [www.applytexas.org](http://www.applytexas.org).  
This application is intended for use in applying for Academic Year 2008-2009.

Check One Semester and Indicate Year You Expect to Enter: Fall \_\_\_\_ Spring \_\_\_\_ Summer I \_\_\_\_ Summer II \_\_\_\_  
Mini or short semester: (please specify) \_\_\_\_\_ Year \_\_\_\_\_  
Are you a: Freshman (no college credit hours) \_\_\_\_ Freshman (with college credit hours) \_\_\_\_  
Number of college credit hours by high school graduation date: \_\_\_\_\_

### Part I. Biographical Information

1. Social Security Number \* (see note below): \_\_\_\_\_
2. Date of Birth (Required): \_\_\_\_\_  
(Month/Day/Year)
3. Full, Legal Name: \_\_\_\_\_  
(Last/Family) (First) (Middle) (Suffix: Jr., etc.)
4. If You Attended School Using a Different Name, Please List Name(s): \_\_\_\_\_
5. Gender: Male \_\_\_\_ Female \_\_\_\_
6. Place of Birth: \_\_\_\_\_  
(City) (State) (Country)
7. Ethnic Background: Please indicate which of the following groups **best** describes your ethnic background. The information will be used for federal and/or state law reporting purposes and may be used by some institutions in admission or scholarship decisions.  
White, Non-Hispanic \_\_\_\_ Hispanic or Latino \_\_\_\_ American Indian or Alaskan Native \_\_\_\_  
Black, Non-Hispanic \_\_\_\_ Asian or Pacific Islander \_\_\_\_
8. (a) Are you a U.S. citizen? Yes \_\_\_\_ No \_\_\_\_ If "No," of what country are you a citizen? \_\_\_\_\_  
(b) If you are not a citizen, do you hold Permanent Residence status (valid I-551) for the U.S.? Yes \_\_\_\_ No \_\_\_\_  
If "Yes," date permanent resident card\* issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Alien Number: \_\_\_\_\_  
\*Enclose a copy of both sides of the card. (Month) (Day) (Year)  
(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)?  
Yes \_\_\_\_ No \_\_\_\_ (If "Yes," enclose a copy of your Notice of Action from the USCIS, form I-797C.)  
(d) If you are not a citizen or permanent resident or have no application pending with the USCIS, have you lived in Texas for three years preceding high school graduation or receipt of a GED in Texas? Yes \_\_\_\_ No \_\_\_\_  
(If "Yes," please submit a completed "Affidavit of Intent to Become a Permanent Resident.")
9. Permanent Mailing Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_  
(Mailing address, not physical address: Number and Street or P. O. Box)  
County: \_\_\_\_\_ County Code: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
(See Instructions.)  
Permanent Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

\* (Although entering your Social Security number is optional, providing it will ensure your documents are matched and processed promptly.)

Social Security Number\* (see note below): \_\_\_\_\_ Name: \_\_\_\_\_

10. Current Mailing Address (if different from permanent mailing address):

\_\_\_\_\_  
(Mailing address, not physical address: Number and Street or P. O. Box)  
Apt #: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Current Phone (if different from permanent phone): ( ) \_\_\_\_\_ Current Address Good Until: \_\_\_\_\_

11. Emergency Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

12. E-Mail Address for Student: \_\_\_\_\_

13. In addition to English, what languages do you speak fluently?  
Language \_\_\_\_\_ Years Spoken \_\_\_\_\_  
Language \_\_\_\_\_ Years Spoken \_\_\_\_\_

14. Please indicate the highest level of your parents' or court-appointed legal guardian's educational background.  
Father/Legal Guardian: No high school \_\_\_\_\_ Some high school \_\_\_\_\_ High school diploma or GED \_\_\_\_\_  
Some College \_\_\_\_\_ Bachelor's Degree \_\_\_\_\_ Graduate/Professional Degree \_\_\_\_\_  
Mother/Legal Guardian: No high school \_\_\_\_\_ Some high school \_\_\_\_\_ High school diploma or GED \_\_\_\_\_  
Some College \_\_\_\_\_ Bachelor's Degree \_\_\_\_\_ Graduate/Professional Degree \_\_\_\_\_

15. Please indicate, for the most recent tax year, your family's gross income. Include both untaxed and taxed income.  
Less than \$20,000 \_\_\_\_\_ \$40,000-\$59,999 \_\_\_\_\_ more than \$80,000 \_\_\_\_\_  
\$20,000-\$39,999 \_\_\_\_\_ \$60,000-\$79,999 \_\_\_\_\_

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

17. Do you have family obligations that keep you from participating in extracurricular activities? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, do you:

- (a) have to work to supplement family income? Please describe. \_\_\_\_\_  
\_\_\_\_\_
- (b) provide primary care for family member(s)? Please describe. \_\_\_\_\_  
\_\_\_\_\_
- (c) other? Please describe. \_\_\_\_\_  
\_\_\_\_\_

**Educational Data**

18. Write in the name of the college(s) or university(s) to which you are applying. On the line below the institution's name, write in your first and second choice of major. You can find the majors and codes/abbreviations in the Code Book or at [www.applytexas.org](http://www.applytexas.org). (Click on "Enter ApplyTexas," then select "View Degrees Offered" under "Search for Information.") Before beginning this section, read page ix of this booklet and #18 of the instructions (page v of this booklet).

- Institution: \_\_\_\_\_  
Major: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Major Name--First Choice) (Code) (Major Name--Second Choice) (Code)
- Institution: \_\_\_\_\_  
Major: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Major Name--First Choice) (Code) (Major Name--Second Choice) (Code)
- Institution: \_\_\_\_\_  
Major: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Major Name--First Choice) (Code) (Major Name--Second Choice) (Code)

\* (Although entering your Social Security number is optional, providing it will ensure your documents are matched and processed promptly.)

Social Security Number\* (see note below): \_\_\_\_\_ Name: \_\_\_\_\_

19. High School You Graduated From or Expect to Graduate From:

(Complete Name of High School) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_  
 High School Code: \_\_\_\_\_ (See your high school counselor.) Home-schooled: Yes \_\_\_ No \_\_\_  
 Date Graduated or Expect to Graduate: \_\_\_\_\_  
 Do you plan to graduate with an IB diploma? Yes \_\_\_ No \_\_\_  
 To determine TEXAS Grant eligibility, will you graduate from a Texas public high school with the Recommended or Distinguished Achievement Program? Yes \_\_\_ No \_\_\_

20. If you did not graduate from high school, do you have a GED? Yes \_\_\_ No \_\_\_ If yes, which version: English \_\_\_ Spanish \_\_\_

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

22. Will you seek teacher certification? 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) \_\_\_

23. List the exact titles of the courses you will complete your senior year, indicate any AP, IB or dual credit/concurrent enrollment courses and the semester or trimester the course was taken or will be taken.

Senior Courses	AP/IB	Dual Credit/ Concurrent Enrollment	Semester or Trimester		
			1	2	1 2 3
_____	_____	_____	<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"/>
_____	_____	_____	<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"/>

24. Please list **ALL** colleges or universities you have attended or are attending, including college-level correspondence study and dual credit. 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.

Name of Institution	City and State	Dates of Attendance		Hours Earned
		From	Thru	
_____	_____	_____	_____	_____

**Admissions Tests**

25. 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/Year)  
 SAT - Date taken or plan to take: \_\_\_\_\_ (Month/Year)  
 TOEFL - Date taken or plan to take (if your native language is not English): \_\_\_\_\_ (Month/Year)  
 IELTS - Date taken or plan to take (if your native language is not English): \_\_\_\_\_ (Month/Year)

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Social Security Number\* (see note below): \_\_\_\_\_ Name: \_\_\_\_\_

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**Residency Information** (Please answer all questions. Use n/a if the question does not apply to you.)

26. Previous Enrollment:

- (a) 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 \_\_\_. If you answered "no," continue to question 27. If you answered "yes," complete questions (b) through (e).
- (b) What Texas public institution did you last attend? (Give full name, not just initials.)  
\_\_\_\_\_
- (c) In which term were you last enrolled? \_\_\_ fall, 200\_\_\_ \_\_\_ spring, 200\_\_\_
- (d) During your last semester at a Texas public institution, 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

27. Residency Claim:

- (a) Of what state are you a resident? \_\_\_\_\_
- (b) Did you live in Texas the 36 months leading up to high school graduation or completion of the GED?  
Yes \_\_\_ No \_\_\_
- (c) When you begin the semester for which you are applying, will you have lived in Texas for the previous 12 months?  
Yes \_\_\_ No \_\_\_

*Instructions for Question 27:*

- If you answered "no" to question (b) or (c), continue to question 28.
- If you answered "yes" to questions (b) and (c), skip to question 32.
- If you did not graduate from a Texas high school, continue to question 28.

28. Basis of Claim to Residency.

(If you answered "no" to any part of question 27, answer the following to assist in determining your residency classification for tuition purposes.)

- (a) Do you file your own federal income tax as an independent tax payer? Yes \_\_\_ No \_\_\_
- (b) Are you claimed as a dependent or are you eligible to be claimed as a dependent by a parent or court-appointed legal guardian? Yes \_\_\_ No \_\_\_ (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 the student.)
- (c) If you answered "No" to both questions above, who provides the majority of your support?  
self \_\_\_ parent or legal guardian \_\_\_ other: (list) \_\_\_\_\_

*Instructions for Question 28:*

- If you answered "yes" to question (a), continue to question 29.
- If you answered "yes" to question (b), skip to question 30.
- If you answered "no" to (a) and (b) and "self" to question (c), continue to question 29.
- If you answered "no" to (a) and (b) and "parent or legal guardian" to question (c), skip to question 30.
- If you answered "no" to (a) and (b) and "other" to question (c), skip to question 31, provide an explanation, and complete question 32.

29. If you answered "Yes" to question (a) or "Self" to question (c) of question 28, answer the following:

- (a) 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 U. S. Citizenship and Immigration Services (USCIS) showing your I-485 has been reviewed and has not been rejected). Yes \_\_\_ No \_\_\_
- (b) 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)

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Social Security Number\* (see note below): \_\_\_\_\_ Name: \_\_\_\_\_

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- (c) Do you currently live in Texas? Yes \_\_\_ No \_\_\_  
If you are out of state due to a temporary assignment by your employer or other temporary purpose, please explain in question 31.
- (d) (1) If you currently live in Texas, how long have you been living here? Years \_\_\_\_\_ Months \_\_\_\_\_  
(2) What is your main purpose 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 31.
- (e) (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?  
\_\_\_\_\_
- (f) (1) Do you hold the title to real property (home, land) in Texas? Yes \_\_\_ No \_\_\_  
If yes, date acquired: \_\_\_\_\_  
(2) Do you own a business in Texas? Yes \_\_\_ No \_\_\_ If yes, date acquired: \_\_\_\_\_  
(3) Do you hold a state or local license to conduct a business or practice a profession in Texas? Yes \_\_\_ No \_\_\_  
If yes, date acquired: \_\_\_\_\_
- (g) (1) For the past 12 months, have you been gainfully employed in Texas? Yes \_\_\_ No \_\_\_  
(2) For the past 12 months, have you received services from a social service agency that provides services to homeless persons? Yes \_\_\_ No \_\_\_
- (h) Are you married to a person who could answer "yes" to any part of question (f) or (g)? 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 \_\_\_\_\_  
Skip Question 30 and continue to Question 31.

30. If you answered "Parent" or "Legal Guardian" to question (c) of question 28, 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 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 he or she is out of state due to a temporary assignment by his or her employer or other temporary purpose, please explain in question 31.
- (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 purpose 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 31.
- (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? \_\_\_\_\_

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Social Security Number\* (see note below): \_\_\_\_\_ Name: \_\_\_\_\_

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- (h) Does your parent or legal guardian:
- (1) hold the title to real property (home, land) in Texas? Yes \_\_\_ No \_\_\_  
If yes, date acquired: \_\_\_\_\_
  - (2) own a business in Texas? Yes \_\_\_ No \_\_\_ If yes, date acquired: \_\_\_\_\_
  - (3) hold a state or local license to conduct a business or practice a profession in Texas? Yes \_\_\_ No \_\_\_  
If yes, date acquired: \_\_\_\_\_
- (i) For the past 12 months, has your parent or legal guardian:
- (1) been gainfully employed in Texas? Yes \_\_\_ No \_\_\_
  - (2) received services from a social service agency that provides services to homeless persons? 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 \_\_\_\_\_

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

32. All students must read and sign this section.

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 and/or appropriate disciplinary action. I also understand that officials of my college/university will use the information submitted on this form to determine my status for residency eligibility. I authorize the college/university to verify the information I have provided. I agree to notify the proper officials of the institution of any changes in the information provided. I authorize the institution to electronically access my records regarding the Texas Success Initiative.

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

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## Application Fee

You may pay your application fee by check or money order or, at some institutions, by credit card. For application fees and payment methods, see the "General Application Information" on pages ii through iv. (Be sure the college or university to which you are applying will accept the kind of credit card you list below.)

Name: \_\_\_\_\_  
Last First Middle

Social Security Number \* (see note below): \_\_\_\_\_

Your application fee is for the: Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ Summer Session \_\_\_\_\_ Year \_\_\_\_\_

Please check method of payment:

- Check or money order \_\_\_\_\_ (Be sure to include the student's name and Social Security number on the check or money order.)
- Credit card: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_ Other: \_\_\_\_\_

Credit Card Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

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

Credit Card Billing Address: \_\_\_\_\_  
(Number and Street or P. O. Box)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

- Request for fee waiver is attached: Yes \_\_\_ No \_\_\_  
(See Instructions, page vi, "Application Fee.")

For Internal Use Only

Exemption Approved \_\_\_\_\_

Exemption Denied \_\_\_\_\_

By \_\_\_\_\_

Date \_\_\_\_\_

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