

Mailing Address:

(Name of Person or Office)
The University of Texas of the Permian Basin
4901 E. University Blvd.
Odessa, Texas 79762-0001

PLEASE PRINT

1. **NAME** _____ **SOCIAL SECURITY NO** _____ - - _____
(FULL LEGAL NAME) Last Name First Middle (OPTIONAL)

E-MAIL ADDRESS _____

Other name(s) that might appear on transcript(s) _____

2. Current Address _____
Street or P.O.Box No. City County State Zip Code

Give your permanent address _____
Street or P. O. Box No. City County State Zip Code

How long have you lived at your current address? ____ years ____ months

List previous addresses for the last 24 months: _____

Street or P.O.Box No. City County State Zip Code From (date) to (date)

Street or P.O.Box No. City County State Zip Code From (date) to (date)

3. Home Phone (____) _____ 4. Business Phone (____) _____ Ext. No _____

5. Employer _____ Address _____

6. Emergency Contact: Name _____ Relationship _____ Phone No. () _____

7. **Enrollment Status:** **Expected Date of Enrollment** 1 Fall _____ 2 Spring _____ 3 SSI _____ 4 SSII _____
 New Student Former Student Date of Last Enrollment _____ Currently Enrolled Applied Previously, Never Registered
 Enroll concurrently for BBA and MPA

8. As a Graduate Student, I intend to work toward a Master's Degree in (Check one choice only):

MASTER OF ARTS

Option (Check one choice only):
 English
 History
 Psychology: ___Clinical or ___ Applied
 Spanish (please check one)

MASTER OF ARTS IN EDUCATION

Bilingual/ESL Professional Education
 Educational Leadership Reading
 Counseling Special Education
____School or ____Community (please check one)

MASTER OF SCIENCE

Biology
 Computer Science
 Criminal Justice Administration
 Geology
 Kinesiology
 Kinesiology On-Line

MASTER OF:

BUSINESS ADMINISTRATION BUSINESS ADMINISTRATION ON-LINE PROFESSIONAL ACCOUNTANCY PUBLIC ADMINISTRATION

I am not seeking a specific degree or certification, but intend to study in the following area _____
 I intend to work toward a professional certification (Check one of the following):

EDUCATION CERTIFICATIONS: Grades EC-6 Grades 4-8 Secondary All Level Counseling Educational Diagnostician
 Superintendent Reading Specialist Reading Recovery Principal

EDUCATION SUPPLEMENTS: Special Education Bilingual ESL

CAREER CERTIFICATION: Certified Public Accountant Exam Certified Management Accountant Professional Counselor License

The following information is requested in order that U.T. Permian Basin may demonstrate its compliance with Title VI of the 1964 Civil Rights Act. This is based on Federal Affirmative Action reporting requirements and will neither enhance nor impede your receipt of favorable admission consideration.

9. Date of Birth _____ Age _____ 10. Place of Birth _____

11. Resident Alien No _____ Date Obtained _____ Place Obtained _____

12. 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

Please select the racial category or categories with which you most closely identify. Check as many as apply.

American Indian or Alaska native Asian Black or African American Native Hawaiian or Other Pacific Islander White

13. Sex Male Female 14. Single Married 15. U.S. Citizen? Yes No

NOTE: Requesting transcripts is the responsibility of each student. Degree and teacher certification seeking students must submit transcripts from **ALL** colleges attended. Non-degree students should submit a transcript from where the highest degree was earned.

16. Date TASP / THEA Test Taken _____ Scores: Writing _____ Reading _____ Math _____

NOTE: This is NOT an admission requirement but teacher certification candidates are required to pass all three sections of TSI exam for certification purposes.

NOTE: Requesting transcripts is the responsibility of each student. Degree and teacher certification seeking students must submit transcripts from **ALL** colleges attended. Non-degree students should submit a transcript from where the highest degree was earned.

RESIDENCY FORM SHOULD BE COMPLETED AND SUBMITTED WITH THIS APPLICATION

17. List **ALL** colleges/universities previously attended regardless of type or length of enrollment.

COLLEGE/UNIVERSITY & LOCATION	CURRENTLY ATTENDING	DATES ATTENDED	*PROBATION SUSPENSION HOLD	DEGREE(S) OR HOURS	DATE DEGREE RECEIVED/ EXPECTED

* If on probation, suspension or hold, please explain: _____

18. GRADUATE LEVEL ADMISSION EXAMINATIONS: Required for all students applying to a Masters Degree Program. Official copies must be filed with the University. Students pursuing the MBA must take the GMAT. All other graduate students are required to take the GRE. This requirement is waived if you have a prior Master's Degree.

Have you taken a graduate level admission exam? YES NO Which one? GRE GMAT DATE OF TEST: _____

When do you plan to take this exam (DATE)? _____

NOTE: Requesting scores is the responsibility of the student. They cannot be released to the university without student request.

I certify that I am in good standing at the institutions previously attended or now qualify for readmission. The information I have given is correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, rules and regulations of U.T. Permian Basin.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY

DATE:	LETTER #	TERM	RESIDENT	NON-RESIDENT
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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.

Name: _____ Date of Birth: _____ Student ID Number: _____

PART B. Previous Enrollment (For all students)

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 ___ If you answered "no", please continue to **Part C**.

If you answered "yes", complete questions 2-5:

2. What Texas public institution did you last attend? (Give full name, not just initials.)

3. In which terms were you last enrolled? (check all that apply) Fall 201____ Spring 201____

4. During your last semester at a Texas public institution, did you pay resident (in-state) or nonresident (out-of-state)?
 resident (in-state) non-resident (out-of-state) unknown

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 nonresident who received a waiver?
 resident non-resident with a waiver unknown

IMPORTANT: If you were enrolled at a Texas public institution during a fall or spring semester within the previous 12 months and were classified as a Texas resident, skip to Part I, sign and date this form and submit it to your institution. If you were not enrolled, or if you were enrolled but classified as a nonresident, proceed to Part C.

PART C. Residency Claim.

Are you a resident of Texas? Yes No If you answered yes, continue to **Part D**.

If you answered NO, complete the following question and continue to **Part I**.

Of what state or country are you a resident? _____ If you are uncertain, continue to **Part D**.

PART D. Acquisition of High School Diploma or GED.

	Yes	No
1. a. Did you graduate from high school or complete a GED in TX?		
b. If you graduated from high school, what was the name and city of the school?		
2. Did you live in TX the 36 months leading up to high school graduation or completion of the GED?		
3. When you begin the semester for which you are applying, will you have lived in TX for the previous 12 months?		
4. Are you a U.S. Citizen or Permanent Resident?		

Instructions to Part D.:

- ◆ If you answered "no" to question 1a or 2 or 3, continue to **Part E**.
- ◆ If you answered "yes" to all four questions, skip to **Part I**.
- ◆ If you answered "yes" to questions 1, 2 and 3, but "no" to question 4, complete a copy of the **Affidavit** in Chart III, provided as an Attachment to this form, skip to **Part I** of this form, and submit both this form and the affidavit to your institution.

PART E. Basis of Claim to Residency. TO BE COMPLETED BY EVERYONE WHO DID NOT ANSWER "YES" TO QUESTIONS 1a, 2, AND 3 OF PART D.

1. Do you file your own federal income tax as an independent tax payer? Yes No
2. 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/she has not adopted the student.)
3. If you answered "No" to both questions above, who provides the majority of your support?
 Self Parent or Guardian Other (list): _____

Instructions to Part E.

- ◆ If you answered "yes" to question 1, continue to **Part F**.
- ◆ If you answered "yes" to question 2, skip to **Part G**.
- ◆ If you answered "no" to 1 and 2 and "self" to question 3, continue to **Part F**.
- ◆ If you answered "no" to 1 and 2 and "parent or guardian" to question 3, skip to **Part G**.
- ◆ If you answered "no" to 1 and 2 and "other" to question 3, skip to **Part H** and provide an explanation, and complete Part I.

PART F. Questions for students who answered "Yes" to Question 1 or "Self" to Question 3 of PART E.

	Yes	No	Years	Mo.	Visa/Status
1. Are you a U.S. Citizen?					
2. Are you a Permanent Resident of the U.S.?					
3. 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).					
4. 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.					
5. Do you currently live in Texas? If you are out of state due to a temporary assignment by your employer or other temporary purpose, please explain in Part H.	Yes	No			
6. a. If you currently live in Texas, how long have you been living here?			Months	Years	
b. What is your main purpose for being in the state? If for reasons other than those listed, give an explanation in Section H.	Go to College []		Establish/maintain a home []		Work Assignment []
7. If you are a member of the U.S. military, is Texas your Home of Record? What state is listed as your military legal residence for tax purposes on your Leave and Earnings Statement?	Yes	No			
	State				
				Yes	No
8. Do any of the following apply to you? (Check all that apply)					
a. Hold the title to real property (home, land) in Texas? If yes, date acquired: _____					

b. Own a business in Texas? If yes, date acquired: _____		
c. Hold a state or local license to conduct a business or practice a profession in TX? If yes, date acquired: _____		
9. For the past 12 months, have you: (Check all that apply)		
a. been gainfully employed in TX?		
b. received services from a social service agency that provides services to homeless persons?		
10. a. Are you married to a person who could answer "yes" to any part of question 8 or 9?		
b. If yes, indicate which question could be answered yes by your spouse:		
c. How long have you been married to the Texas resident?	Years	Months

Skip **Part G** and Continue to **Part H**.

PART G. Questions for students who answered "Parent" or "Legal Guardian" to Question 3 of PART E.

	Yes	No	Years	Mo.	Visa/Status
1. Is the parent or legal guardian upon whom you base your claim of residency a U.S. citizen?					
2. Is the parent or legal guardian upon whom you base your claim of residency a Permanent Resident?					
3. Is this parent or legal guardian a foreign national whose application for Permanent Resident Status has been preliminarily reviewed? (He or she should have received a fee/filing receipt or Notice of Action (I-797) from the USCIS showing his or her I-485 has been reviewed and has not been rejected)					
4. 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.					
5. Does this parent or legal guardian currently live in Texas? If he or she is out of state due to a temporary assignment by his/her employer or other temporary purpose, please explain in Part H.					
6. a. If he or she is currently living in Texas, how long has he or she been living here?			Months	Years	
b. What is your parent's or legal guardian's main purpose for being in the state? If for reasons other than those listed, give an explanation in Section H.			Go to College []	Establish/maintain a home []	Work Assignment []
7. If he or she is a member of the U.S. military, is Texas his or her Home of Record?					
What state is listed as his or her military legal residence for tax purposes on his or her Leave and Earnings Statement?			State		

	YES	NO
8. Do any of the following apply to your parent or guardian? (Check all that apply)		
a. Hold the title to real property (home, land) in Texas? If yes, date acquired: _____		
b. Own a business in Texas? If yes, date acquired: _____		
c. Hold a state or local license to conduct a business or practice a profession in TX? If yes, date acquired: _____		
9. For the past 12 months, has your parent or guardian: (Check all that apply)		
a. been gainfully employed in TX?		
b. received services from a social service agency that provides services to homeless persons?		
10.		
a. Is your parent or legal guardian married to a person who could answer "yes" to any part of question 8 or 9?		
b. If yes, indicate which question could be answered yes by your parent or guardian's spouse:	Question:	
c. How long has your parent or guardian been married to the Texas resident?	Months	Years

Part H. 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:

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

I 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 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.

Signature: _____ Date: _____