

Texas Lutheran University

Core Residency Questions

Short Form – For student who graduated from a Texas High School

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: _____ Student ID Number: _____

Date of Birth: _____

PART B. Residency Claim.

Are you a resident of Texas? Yes ___ No ___

If you answered yes, continue to **Part C**.

If you answered no, complete the following question and continue to **Part D**.

Of what state or country are you a resident? _____

If you are uncertain, please print and complete the long version of this form.

PART C. Acquisition of High School Diploma or GED.

	Yes	No
1a. Did you graduate or will you graduate from high school or complete a GED in TX prior to the term for which you are applying?		
1b. If you graduated or will graduate from high school, what was the name and city of the school?		
2. Did you live or will you have lived 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, please print and complete the long version of this form.
- If you answered “yes” to all four questions, complete **Part D**.
- If you answered “yes” to questions 1, 2 and 3, but “no” to question 4, please print and complete the **Core Residency Affidavit**, complete **Part D** of this form, and submit both this form and the affidavit to your institution.

PART D. 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 or 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: _____