

Application for Reclassification of Texas Residency Status For Tuition Purposes

| | | | | |
|---------------------------|------|-------|----------|------------------------|
| Date of Application _____ | | | | |
| Name | Last | First | MI | Social Security Number |
| Address Street | | | Apt. | Major |
| City | | State | Zip Code | |

First Term Enrolled at Tarleton State University: _____
Fall, Spring, Sum I, Sum II
Year

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Are you being claimed as a dependent on the Federal Income Tax Return of a person(s) residing in another state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been gainfully employed for 12 months in the State of Texas? (Call for 1-800-687-8236 for more details.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can you provide documentation for (at least) 4 of the following actions? All actions must have been executed one year prior to date of application for reclassification. | <input type="checkbox"/> | <input type="checkbox"/> |
| a.) purchase of a residence and claiming it as a homestead, | | |
| b.) register to vote and voting in local elections, | | |
| c.) register automobiles in Texas, | | |
| d.) maintain a Texas driver's license, | | |
| e.) have a will(s) or other legal documents that indicate residence in Texas, | | |
| f.) maintain checking accounts, savings accounts or safe deposit boxes in Texas, | | |
| g.) have membership in professional organizations in Texas, | | |
| h.) establish a business in Texas. | | |

Please attach 1.) a copy of a letter from employer(s) stating beginning and ending dates, number of hours worked per week, and type of work performed, 2.) copy of **four** of the documents listed above before 12th class day of the semester for which the student is seeking reclassification.

Student Signature

Date

Residency Official's Signature

Date

10/13/99