SOUTHWESTERN UNIVERSITY

Texas Residency Form

Financial Aid Office PO Box 770, Georgetown, TX 78627 Phone: (512) 863-1259 Fax: (512) 863-1507 Email: finaid@southwestern.edu

Southwestern University policy, and Texas Higher Education Coordinating Board regulations require that the Financial Aid Office collect residency information on students who receive need-based financial aid. To be eligible for State of Texas funds, you must meet the state residency requirements. Failure to return this completed and signed document could result in the cancellation of any state grant that you are currently receiving.

SECTION A: All students must complete this section.

Student's Name (please print): ____

SECTION B: Selective Service Statement of Registration Status

In accordance with Texas Education Code, Section 51.9095, male students must file a Selective Service Statement of Registration Status with their institution or other entity granting financial assistance. For more information about the Selective Service System, or to register visit sss.gov.

Please mark one option below:

- $\hfill\square$ I was born female and not required to register
- □ I was born male and am under the age of 18 and not currently required to register.
- □ I was born male and REGISTERED with the Selective Service
- □ I was born male and am over the age of 18. I am not registered with Selective Service, and I am not exempt from registration with Selective Service
- □ I was born male and am EXEMPT from registration because: (please briefly explain why you are exempt in the box below)

SECTION C: Previous Enrollment.

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? (**Dual enrollment does not apply**) □ **YES** □ **NO**

If you answered "NO", please continue to Section D.

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, 20_____ Spring, 20_____
- 4. During your last semester at a Texas public institution, did you pay resident (in-state) or non-resident (out-of-state) tuition?

□ Resident □ Non-resident □ Unknown

5. If you paid in-state tuition at your last institution, were you classified as a resident or were you a non-resident who received a waiver? □ Resident □ Non-resident with a waiver □ Unknown

SECTION D: Residency Claim.

Are you a resident of Texas?
YES NO
If "YES", continue to Section E.
If "NO", of what state are you a resident?_____Continue to Section F.
If you are uncertain, continue to Section E.

SECTION E: Acquisition of High School Diploma or GED.

- 1. Did you graduate or will you graduate from high school or complete a GED in Texas prior to the term for which you are applying? □YES □ NO
 - a. If you graduated or will graduate from high school, please provide the name and city where the school is located:
- Did you live or will you have lived in Texas the 36 months leading up to high school graduation or completion of the GED?
 □ YES □ NO
- 3. When you begin the semester for which you are applying, will you have lived in TX for the previous 12 months? □ YES □ NO
- 4. Are you a US Citizen or Permanent Resident? \Box YES \Box NO

If you answered **"NO"** to question 1, 2 or 3, continue to Section F AND contact the Financial Aid Office to complete the Supplemental Texas Residency Form. If you answered **"YES"** to all four questions, skip to Section F.

If you answered **"YES"** to questions 1, 2 and 3, but **"NO"** to question 4, continue to Section F **AND please contact the Financial Aid Office tocomplete the Affidavit of Residency**.

SECTION F: Certification of Selective Service Statement and 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 purposes of receiving State of Texas financial aid funds. I certify that the Selective Service status statement provided above is true and accurate. 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 offers of admission and financial aid, cancellation of enrollment and/or appropriate disciplinary action.

Student Signature

Date

Please submit this form to: Southwestern University Financial Aid Office Wilhelmina Cullen Welcome Center PO Box 770, Georgetown, TX 78627 Phone: (512) 863-1259 Fax: (512) 863-1507 Email: finaid@southwestern.edu