Schreiner University
Texas Core Residency Questions
(Short Form – for students 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 core residency questions for the purpose of determining the student's eligibility for classification as a resident.

Fax (830-282-4638), mail, or scan and email to finaid@schreiner.edu.

Part A. Student Basic Information. All students must complete this section.

Name: ___________________________ Student I.D. 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? __________________________

Part C. Acquisition of High School Diploma or GED.

1a. 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 ___
1b. If you graduated or will graduate from high school, what was the name and city of the school? Name: ___________________________ City: ___________________________

2. 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 Texas for the previous 12 months? Yes ___ No ___

4. Are you a U.S. Citizen or Permanent Resident? Yes ___ No ___

Instructions on Part D:
- If you answered "no" to question 1a or 2 or 3, complete Part D.
- 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 ___________________________