



TEMPLE COLLEGE

Student ID: _____

Request for Change of Residency Status

Name: _____ Birth date: _____
Last First MI

Current address: _____
Street

City State Zip Code

How long have you lived at the above address? _____ Years _____ Months Phone number (_____) _____

Are you a U.S. citizen? Yes No If no, do you have permanent resident alien status? Yes No

Does anyone currently claim you as a dependent on their taxes? Yes No

If no, what was your legal residence for the 12 months immediately preceding today's date?

Street City State Zip Code

If yes, what was the residence of your parent or legal guardian for the 12 months immediately preceding today's date?

Street City State Zip Code

Have you been on active duty in the Armed Forces during the past two years? Yes No

If yes, where did you reside at the time you entered the service?

Street City State Zip Code

Please indicate any other circumstances or evidence that should be considered for the purpose of establishing your residency status:

I understand the requirements for classification as a resident of Texas for tuition purposes and I affirm by my signature below that to the best of my knowledge and belief I am eligible to be so classified. I also affirm that I will notify the proper officials of this institution if circumstances change so as to disqualify me for this classification. I understand that violation of this oath of residency will result in disciplinary action.

Signature of Student

Date

College Use Only

Residence code of _____ Changed to _____ Date awarded _____

Documentation of Texas resident received: _____

Denied change of residency classification because: _____

I have observed the document identified above: _____
Date

Signature of A&R official