



OFFICE OF THE REGISTRAR

One Baylor Plaza, Mail Stop: BCM365, Houston, TX 77030
713-798-7766 | Fax: 713-798-1518 | Email: registrar@bcm.edu

RESIDENCY QUESTIONNAIRE

Instructions for Reclassification:

This questionnaire is being used to determine if a non-resident Baylor College of Medicine student qualifies to become a resident of Texas for tuition purposes. Resident status for tuition purposes in the State of Texas is governed by the Texas Education Code, rules and regulations promulgated by the Texas Higher Education Coordinating Board. These rules and regulations are located on the web <http://www.collegeforalltexas.com/index.cfm?objectid=6D1466D9-AEA5-DE00-C12F3F75E7367718>.

After you read this questionnaire and determine the circumstances you believe fulfill the requirements for residency for tuition purposes, complete the questionnaire and submit it and all supporting documents prior to the official census date of the academic year for which you are requesting reclassification. Failure to provide complete and accurate information, supporting documents, and appropriate signatures will delay processing and may result in denial of your application for residency. Any questions may be directed to the Alvin Ferrer, 713-798-3372 or alvin.ferrer@bcm.edu.

Please submit the completed application to:

Alvin Ferrer
Assistant Registrar
Office of the Registrar
DeBaKey M210

This form is submitted for the purpose of determining residency for tuition purposes, for:

Student Name: _____ BCM ID: _____

For Office Use Only

Received: _____ Comments: _____

Decision Date: _____

Class: _____

Signature: _____ Appeal Received: _____

CORE RESIDENCY QUESTIONS

Texas Higher Education Coordinating Board rule 21.25 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	Last Name	First Name	BCM ID Number	First Term at BCM
	Street Address			Apt. Number
	City, State, & Zip Code	State	Zip Code	

Part B Previous Enrollment	1. During the past 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes”, complete questions 2 to 5. If “No”, continue to Part C.			
	2. What Texas public institution did you last attend?			
	3. In which terms were you last enrolled?			
	4. During your last semester at a Texas Public Institution, did you pay resident (in-state) or non-resident (out-of-state) tuition?		<input type="checkbox"/> Resident (in-state)	<input type="checkbox"/> Unknown
	5. If you paid in-state tuition at your last institution, was it because you were classified as a resident or because you were a non-resident who received a waiver?		<input type="checkbox"/> Resident	<input type="checkbox"/> Unknown
IMPORTANT: If you were enrolled at a Texas Public Institution during a Fall or Spring semester within the previous 12 months & were classified as a Texas Resident, skip to Part I , sign & date this form & submit it to your institution. If you were not enrolled, or if you were enrolled but classified as a non-resident, proceed to, proceed to Part C.				

Part C Residency Claim	1. Are you a resident of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No		If answered “Yes”, continue to Part D.
	If answered “No”, complete the following question & continue to Part I.		
	If “No”, of what State or Country are you a resident?		
If you are uncertain, continue to Part D.			

Part D 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	1b. If you graduated or will graduate from high school, what was the name & 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	3. When you begin the semester for which you are applying, will you have lived in Texas for the previous 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	4. Are you a U.S. Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Instructions to Part D:			
1. If you answered “No” to questions 1a, 2 or 3, continue to Part E.			
2. If you answered “Yes” to all four questions, skip to Part I.			
3. If you answered “Yes” to questions 1, 2, and 3, but “No” to question 4, complete the Residency Affidavit (available online). Submit the affidavit along with this form to your institution.			

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Part E Basis of Claim To Residency	TO BE COMPLETED BY EVERYONE WHO DID NOT ANSWER "YES" TO QUESTIONS 1a, 2, & 3 OF PART D.
	1. Do you file your own federal income tax as an independent tax payer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(An independent tax payer should not be claimed as a dependent for tax purposes by another person. If you file a joint return with your spouse, answer "Yes.")</i>
	2. Are you claimed as a dependent or are you eligible to be claimed as a dependent by a parent or court-appointed legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(To be eligible to be claimed as a dependent, your parent or legal guardian must provide at least one-half of your support. A step-parent does not qualify as a parent if he/she has not adopted the student.)</i>
	3. If you answered "No" to BOTH questions above who provides the majority of your support? <input type="checkbox"/> Self <input type="checkbox"/> Parent or Guardian <input type="checkbox"/> Other: _____ <i>(please list)</i>
Instructions for Part E: 1. If you answered "Yes" to question 1 & "No" to question 2, continue to Part F . 2. If you answered "Yes" to question 2, skip to Part G . 3. If you answered "Yes" to both questions 1 & 2, skip to Part G . 4. If you answered "No" to 1, 2 & "Self" to question 3, continue to Part F . 5. If you answered "No" to 1, 2 & "Parent or Guardian" to question 3, skip to Part G . 6. If you answered "No" to 1, 2 & "Other" to question 3, skip to Part H , provide an explanation, & complete Part I .	

Part F	QUESTIONS FOR STUDENTS WHO ANSWERED "YES" TO QUESTION 1 OR "SELF" TO QUESTION 3 OF PART E.	
	1. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	2. If you answered "No", are you a Permanent Resident of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	3. Are you a foreign national whose application for Permanent Resident Status has been preliminarily reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(You should have received a fee/filing receipt or Notice of Action (I-797) from USCIS showing your I-485 has been reviewed & has not been rejected.)</i>	
	4. Are you a foreign national here with a visa or are you a Refugee, Asylee, Parolee or here under Temporary Protective Status? If so, indicate which. <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
	5. Do you currently live in Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you are out of state due to a temporary assignment by your employer or another temporary purpose, please check "No" and explain in Part H.</i>	
	6a. If you currently live in Texas, how long have you been living here? Year(s): _____ Month(s): _____	
	6b. What is your main purpose for being in the state? <input type="checkbox"/> Go to College <input type="checkbox"/> Establish/Maintain a Home <input type="checkbox"/> Work Assignment	
	7. If you are a member of the U.S. military:	
	a. Is Texas your Home of Record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. If not, what state will have been listed on your military legal residence for tax purposes on your Leave & Earnings Statement for the 12 months prior to enrollment? _____	
	8. Do either of the following apply to you? (Check all that apply)	
	a. Hold the title to real property (home/land) in Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date acquired: _____	
	b. Own a business in Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date acquired: _____	
	c. Hold a state or local license to conduct a business or practice a profession in TX? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date acquired: _____	
	9. While living in Texas, have you: (Check all that apply)	
	a. Been gainfully employed for a period of at least 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. Received services from a social service agency that provides services to Homeless persons for at least a consecutive 12-month period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	10. Spouse:	
	a. Are you married to a person who has been classified as a Texas resident by a Texas public institution or who could answer "Yes" to any part of question 8 or 9? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. If Yes, indicate which question (and which part of the question) could be answered yes by your spouse: _____ Question #: _____		
c. How long will you have been married to the Texas resident prior to enrollment? Year(s): _____ Month(s): _____		
Skip Part G & Continue to Part H		

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QUESTIONS FOR STUDENTS WHO ANSWERED "YES" TO QUESTION 2 OF PART E OR WHO ANSWERED "PARENT OR GUARDIAN" TO QUESTION 3 OF PART E.		
Part G	1. Is the parent or legal guardian upon whom you base your claim of residency a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	2. Is the parent or legal guardian upon whom you base your claim of residency a Permanent Resident? (If U.S. Citizen, check "No") <input type="checkbox"/> Yes <input type="checkbox"/> No	
	3. Is this parent or legal guardian a foreign national whose application for Permanent Resident Status has been preliminarily reviewed? (He or she should have received a fee/filing receipt or Notice of Action (I-797) from the USCIS showing his or her I-485 has been reviewed and has not been rejected) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	4. Is this parent or legal guardian a foreign national here with a visa or a Refugee, Asylee, Parolee or here under Temporary Protective Status? If so, indicate which. <input type="checkbox"/> Yes <input type="checkbox"/> No Visa Type: _____	
	5. Does this parent or guardian currently live in Texas? If he or she is out of state due to a temporary assignment by his or her employer or another temporary purpose, please check "No"& explain in Part H. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	6a. If he or she is currently living in Texas, how long has he or she been living here? Year(s): _____ Month(s): _____	
	6b. What is your parent's or legal guardian's main purpose for being in the state? If for reasons other than those listed, give an explanation in Part H. <input type="checkbox"/> Establish/Maintain a Home <input type="checkbox"/> Go to College <input type="checkbox"/> Work Assignment	
	7. If you are a member of the U.S. military: a. If he or she is a member of the U.S. military, is Texas her or her Home of Record? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If not, what state will have been listed as his or her military legal residence for tax purposes on his or her Leave & Earnings Statement for the 12 months prior to enrollment? _____	
	8. Do any of the following apply to your parent or guardian? (Check all that apply) a. Hold the title to real property (home, land) in Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date acquired: _____ b. Own a business in Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date acquired: _____ c. Hold a state of local license to conduct a business or practice a profession in the state of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date acquired: _____	
	9. While living in Texas, has your parent or guardian: (Check all that apply) a. Been gainfully employed for a period of at least 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Received services from a social service agency for a period of at least 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	10. Spouse: a. Is your parent or legal guardian married to a person who has been classified as a Texas Resident by a Texas public institution or who could answer "Yes" to any part of question 8 or 9? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If yes, please indicate which questions (and which part of the question) could be answered yes by your parent or guardian's spouse: _____ Question #: _____	
	c. How long will your parent or guardian have been married to the Texas resident prior to enrollment? Year(s): _____ Month(s): _____	
	Continue to Part H	

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Part H General Comments	<p>Is there any additional information that you believe we should know in evaluating your eligibility to be classified as a Texas resident, or that has been requested from previous responses? If so, please provide it below:</p>
	Empty space for student input

ALL STUDENTS MUST COMPLETE THIS SECTION

Part I Certification of Residency	<p>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/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.</p>	
	<p>Signature:</p>	<p>Date:</p>