

# Supplemental Application

<b>I. Personal Information</b>				
Entering Year	Last Name	First Name	Middle Name	
Program	CAS ID	Date of Birth (MM-DD-YYYY)		
Current Street Address		Current City, State, and Zip		
Country of Birth		Previous Name(s)		
<b>II. Residency Information</b>				
Are you a U.S. citizen?	If no, country of citizenship?	Type of Visa	Visa Expiration	Resident Alien ID
Yes No				
Have you previously applied for admission to UT Health San Antonio?		If yes, list program and date of application.		
Yes No		Program	Date	
1a. During the 12-month period before you intend to begin classes, did you attend or are you attending a public college or university in Texas in a fall or spring term (excluding summer)?				
Yes (If yes, complete 1b-e)		No (If no, skip to question 2)		
1b. What Texas public college or university did you last attend (full name)?		1c. In which term were you last enrolled (excluding summer)?		
		Fall	Spring	Year
1d. During your last semester at a Texas public college or university, did you pay resident (in-state) or nonresident (out-of-state) tuition?				
Resident (in-state)		Nonresident (out-of-state)		Unknown
1e. If you paid in-state tuition at your last institution, was it because you were classified as a Texas resident or because you were a nonresident who received a waiver?				
Resident		Nonresident with a waiver		Unknown
2a. Of what state are you a resident?				
2b. Did you live in Texas for at least 36 consecutive months before graduating from a public or private Texas high school or completing a GED?				
Yes		No		
2c. When you begin the semester for which you are applying, will you have lived in Texas for the previous 12 consecutive months?				
Yes		No		
<b>III. Planned or In Progress Prerequisites</b> <i>If needed, attach a separate document to include all coursework.</i>				
Your Course Number	Your Course Name	Your Course Year	Your Semester Enrolled	Your Course Institution

