

Supplemental Application

I. Personal Information				
Entering Year	Last Name	First Name	Middle Name	
Program MLS RC	CAS ID		Date of Birth (MM/DD/YYYY)	
Current Street Address			Current City, State, and Zip	
Country of Birth			Previous Name(s)	
II. Residency Information				
Are you a U.S. citizen? Yes No	If no, country of citizenship?	Type of Visa	Visa Expiration	Resident Alien ID
Have you previously applied for admission to UT Health San Antonio? Yes No		If yes, list program and date of application. 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				
III. Planned or In Progress Prerequisites <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

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IV. Submission of the Supplemental Application

Attach this completed form as a PDF directly onto your CAS application, under the Program Materials Documents Other Section.

V. Signature

I hereby certify that any statements submitted in conjunction with this application are true.

Signature

Date Signed