

# Supplemental Application

<b>I. Personal Information</b>				
Entering Year <b>2019</b>	Social Security Number	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)	
<b>II. Residency Information</b>				
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				
<b>III. Planned or In Progress Coursework</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

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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
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