Enrollment Management Office Abilene Christian University ACU Box 29000 Abilene, TX 79699-9000

Required Documentation Pursuant to TAC §21.25(c) (formerly, HB 1403)

Chart II

AFFIDAVIT	
STATE OF TEXAS	§ § §
COUNTY OF	§
Before me, the undersigned Notary	Public, on this day personally appeared
First Name Middle Name	Last Name
known to me, who being by me duly sworn	upon his/her oath, deposed and said:
1. My name is age and have personal knowledge of the fa	I am years of cts stated herein and they are all true and correct.
2. I graduated or will graduate from a Tex	xas high school or received my GED certificate in Texas.
3. I resided in Texas for three years leading certificate.	ng up to graduation from high school or receiving my GED
4. I have resided or will have resided in To in which I will enroll in Abilene Christian	exas for the 12 months prior the census date of the semester University.
5. I have filed or will file an application to that I am eligible to do so.	become a permanent resident at the earliest opportunity
In witness whereof, thisday of	of, 20
	(Signature)
	(Printed Full Name)
	(Student I.D.#)
	(Student Date of Birth)
SUBSCRIBED TO AND SWORN TO BEI	FORE ME, on the day of rtify which, witness my hand and official seal.

Notary Public in and for the State of Texas