### House Bill 1403 Checklist

**Student ID#:** [blank]  
**Major:** [blank]  
**Catalog Year:** [blank]

<table>
<thead>
<tr>
<th>Term(s):</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory Academic Progress (SAP) Status as of:</td>
<td>Satisfactory</td>
<td>Warning</td>
<td>Probation</td>
</tr>
<tr>
<td>Cumulative GPA:</td>
<td>___</td>
<td>Maximum Program Credits</td>
<td>___</td>
</tr>
</tbody>
</table>

- **TASFA**  
  Paper applications may be found in office or online at [collegeforallt texans.com](http://collegeforallt texans.com)

- **Affidavit of Residency**  
  Must be deemed a true HB 1403 student by the college

- **Official High School Transcript**  
  All students are required to have their transcript on file with the Student Enrollment Center

- **Selective Service Registration (Males Only)**  
  All male applicants between the ages of 18 – 26 must register with Selective Services at [sss.gov](http://sss.gov)

- **Student’s 20____ Tax Return Transcript or Signed 1040, 1040A, or 1040EZ Tax Return**
- **Parent’s 20____ Tax Return Transcript or Signed 1040, 1040A, or 1040EZ Tax Return**

- **Student’s 20____ Verification of Nonfiling Letter or Signed Typed Statement**
- **Parent’s 20____ Verification of Nonfiling Letter or Signed Typed Statement**

**Comments:**

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### Statement of Student Eligibility

Have you ever been convicted of a felony or an offense under Chapter 481, Health and Safety Code (Texas Controlled Substances Act), or under the law of another jurisdiction involving a controlled substance as defined by Chapter 481, Health and Safety Code?

- **Yes**
- **No**

I hereby certify that the information I have provided in this statement is true and correct. I understand that if I fail to provide accurate information, I may be required to reimburse the institution and penalties may be imposed. I also understand that it is my responsibility to inform the financial aid office if my status concerning this statement of eligibility changes at any time while attending this institution.

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**Print Name**  
**Student ID#**

**Student’s Signature**  
**Date**

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**Del Mar College Financial Aid Services**  
**East Campus: Harvin Center - Rm 263**  
**West Campus: Coleman Center - Rm 140**

**Email:** financialaid@delmar.edu  
**Phone:** (361) 698-1293  
**Fax:** (361) 698-2017

**http://www.delmar.edu**  
**Phone:** (361) 698-1726  
**Fax:** (361) 698-2695