

**Application for Admission**

**Instructions:** Please print or type a response to each question. All documents submitted to the college become part of the official files and cannot be returned. (use black ink)

Semester/Year for which you are applying:  Fall  Spring  Mini  Summer I  Summer II

Year: \_\_\_\_\_

Location of Campus:  San Angelo  Big Spring  Lamesa  Southwest Collegiate Institute for the Deaf (SWCID)

**PART A. STUDENT BACKGROUND**

**ID #**

1. Name (Last, First, Middle Initial)	2. Prior Names	3. Date of Birth	4. Social Security Number	5. <input type="checkbox"/> Male <input type="checkbox"/> Female
6. Mailing Address (Street or P.O. Box)		City	State	Zip Code
7. County				
8. Permanent Address (Street or P.O. Box)		City	State	Zip Code
9. E-mail Address	10. Home Phone Number	11. Work Phone Number	12. Cell Phone Number	
12. Ethnic Data (These items are used to satisfy State/Federal reporting requirements and in no way affect the admission decision.) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other (Foreign Students Only)				

13. Education Background: High School last attended: \_\_\_\_\_ City/State: \_\_\_\_\_

(a) Did you graduate?  YES  NO If YES, date: \_\_\_\_\_

(b) If NO, do you have a GED?  YES  NO If YES, date received: \_\_\_\_\_

(c) Was GED received Out of State of Texas:  YES  NO City/State \_\_\_\_\_

**IF NO to a & b please complete the rest of the admissions application and you will need to request the individual approval request form from the Registrar's office and it must accompany the application.**

14. Are you currently in high school?  YES  NO If YES, go to Number 15. If NO, go to number 16.

15. Will you be attending as a (an)  Dual Credit (Concurrent Enrollment) student  Early Admissions student?

**Dual Credit (Concurrent Enrollment)** - You are enrolling in a class which you will earn both high school and college credit.  
**Early Admissions** - You are still in high school and not receiving high school credit. *(Both Dual Credit and Early Admissions requires a completed Concurrent Enrollment form and a high school transcript.)*

16. Is this your first time in college?  YES  NO If YES, go to number 23. If NO, go to number 18.

17. Have you attended Howard College previously?  YES  NO  
If YES, give dates of attendance: \_\_\_\_\_

18. Are you concurrently enrolling in Howard College and any other college?  YES  NO  
(Name of College): \_\_\_\_\_

19. List **ALL** colleges or universities you have attended. Failure to disclose all colleges may result in non-admission or dismissal, if enrolled. **An official transcript that includes final grades is required from all institutions previously attended.** Failure to provide transcripts during the first semester of enrollment may prevent the student from re-enrolling.

Other Colleges/Universities Attended:

Name	City	State	from _____ to _____	Degree Received?
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

20. Current college status:  0 to 29 hours  30 to 59 hours  60 hours +

21. Are you on academic probation/suspension at any school?  YES  NO

22. Degree you are seeking?  Associate in Arts  Associate in Science  Associate in Applied Science  Certificate

23. What is your Major? \_\_\_\_\_

**TSI STATUS**

- I have not taken any Placement test.
- I took the following test or am exempt from the TSI test. (Check one)
  - ACT  SAT  Honorable Military Discharge  Active Military  Previous Degree
  - Credit earned prior to Fall 1989

I authorize Howard College to utilize my Texas State Initiative scores from any schools previously attended.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART B. RESIDENCY ISSUES**

1. Are you a U.S. citizen? YES NO  
If YES, go to number 2. If NO, do you hold a Permanent Residence status for the U.S.? YES NO  
If YES, date permanent resident card issued: \_\_\_\_\_ Number: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Have you enclosed a copy of your Resident Alien Card? YES NO
2. Are you a Texas residence? YES NO
3. Upon whom are you basing your claim of residence status? SELF PARENT LEGAL GUARDIAN\*(Guardian papers must be provided.) If SELF, go to number 4. If PARENT or LEGAL GUARDIAN, go to number 5. (If you are 17 years or younger, or a dependent of your parent or legal guardian for federal tax purposes, you must go to number 5.)
4. If your claim of residence status is based upon self, answer the following questions:
  - a. How long have you resided in Texas? \_\_\_\_\_ Years \_\_\_\_\_ Months
  - b. Previous state or country of residence: \_\_\_\_\_
  - c. If you came here within the past 5 years, why did you move to Texas? EDUCATION EMPLOYMENT  
OTHER: \_\_\_\_\_
  - d. Have you lived in Howard County for the last six months? YES NO  
If NO, date moved to Howard County: \_\_\_\_\_
  - e. Have you been employed in Texas for the last 12 months? YES NO  
Employer's name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
Period of employment: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
PART-TIME FULL-TIME
5. If your claim for residence status is based upon Parent or Legal Guardian, please answer the following questions:
  - a. Name of person upon whom claim is based: \_\_\_\_\_ Address: \_\_\_\_\_
  - b. Relationship to self: PARENT LEGAL GUARDIAN
  - c. Is this person a U.S. citizen? YES NO  
If NO, does this person hold a Permanent Residence status for the U.S.? YES NO
  - d. How long has this person resided in Texas? \_\_\_\_\_ Years \_\_\_\_\_ Months
  - e. Previous state or country of residence: \_\_\_\_\_
  - f. If this person came here within the past 5 years, why did this person move to Texas?
  - g. Has this person lived in Howard County for the last six months? YES NO  
If NO, date moved to Howard County: \_\_\_\_\_
  - h. Has a parent or legal guardian claimed you as a dependent for U.S. federal income tax purposes for the tax preceding your registration? YES NO
  - i. Will this person claim you the current tax year? YES NO
6. If your claim of residency is based upon active military assignments in Texas, please answer.
  - a. Person on active duty SELF SPOUSE PARENT/LEGAL GUARDIAN
  - b. Home of Record (State of legal residence) \_\_\_\_\_
  - c. Has proof of military assignment in Texas been provided to this institution's Office of Admission/Registrar?  
YES NO

**PART C. OATH OF RESIDENCY**

I authorize that information submitted herein will be ruled upon by college officials to determine my status for admission and residency eligibility. I authorize the college to verify the information I provided. I agree to notify the proper officials of the institution of any changes in the information provided. I certify that the information of this application is complete and correct and understand that the submission of false information is grounds for reelection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Admissions Agreement**

Last Name	First Name	Middle Initial	Social Security Number
			( ) ( ) ( )
Address	City, State, Zip Code		Phone Number

**I understand that if I do not have the \*following on file by the end of the semester that I will not be allowed to register for the next semester. My records will be tagged and I will not be able to receive a transcript of any grade earned at Howard College.**

- Any documents required for admission
- High School transcript with graduation date or a GED Certificate
- College and/or Universities Transcripts in sealed envelope
- Any documents required for Texas Success Initiative for compliance (including test scores)

**TEXAS SUCCESS INITIATIVE (TSI) RELEASE AGREEMENT**

**I have read and understand the following:**

1. If I am a first-time student and do not have college-level skills in reading, writing, or math, as determined by initial testing. I will be placed in a college developmental program to improve any skill areas that are found deficient. I must enroll in a preparatory class in order to enroll in any college level credit classes. (Failure to take any part of the exam results in a failing score).
2. If I am a returning student and I fail any portion of the TSI test, I must enroll in a preparatory class in at least one area in order to enroll in any college level credit classes. (Failure to take any part of the exam results in a failing score).
3. If I am TSI exempt, I must present proof of TSI exemption in order to enroll at Howard College.
4. If I am enrolled at Howard College and violate any of the TSI guidelines, I understand that I will be withdrawn from all of my classes.

STUDENT DATA UPDATE FOR GOVERNMENT REPORTS			
Ref #	Please circle YES or NO to the following questions.		
1	Are you enrolled in a preparatory class or Adult Basic Education (ABE) because of TSI or placement scores?	Yes	No
2	Are you receiving Pell Grant or other Federal Assistance?	Yes	No
3	Do you have a disability that substantially limits a major life activity?	Yes	No
4	Do you have difficulty speaking or understanding instructions in the English language?	Yes	No
7	Are you a homemaker no longer supported by public assistance and having difficulty obtaining employment?	Yes	No
8	Are you a single parent?	Yes	No

What is your primary reason for attending classes at this college? (Circle One)

1. Earn an associate degree (2 year).
2. Earn a certificate (less than 2 years).
3. Earn credits for transfer.
4. Get a new or better job or improve a skill for current job.
5. Personal enrichment.

**I understand information on Bacterial Meningitis is available for review on Campus Connect located on the Howard College website.**

Student's Signature

Date

It is the policy of Howard College not to discriminate on the basis of race, color, national origin, sex, disability, age, religion, veteran status, or any other legally protected status in educational programs, activities, admission, or employment practices.

## HOWARD COLLEGE STUDENT RECORDS RELEASE REQUEST

To: Registrar's Office  
Howard College

From: \_\_\_\_\_  
Name of Student Social Security Number  
\_\_\_\_\_  
Street Address City State Zip Code

Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my educational records cannot be released without my written permission.

I, therefore, request that my information be released to the following (ex. High School Counselor, family member, etc.):

\_\_\_\_\_  
Name of Person authorized to receive my information

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Signature of Student Date

## HOWARD COLLEGE STUDENT RECORDS RESTRICTION REQUEST

The items listed under *Directory Information* may be released in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended. Under the provisions of FERPA, as amended, you have the right to withhold the disclosure of **Directory Information**. Please consider carefully the consequences of any decision to withhold **Directory Information**. Should you decide to inform this institution not to release **Directory Information**, any future request for such information from non-institutional persons or organizations will be refused. For example, the college would be unable to verify degree, major, or enrollment for possible employment, credit card applications, insurance purposes, mortgage information, apartment leases, etc.

Should you decide to withhold *Directory Information*, you may authorize at a later date on a transaction-by-transaction basis the release of directory or non-directory information or you may cancel withhold for instructions.

The withhold directory flag will remain on your records after graduation if you have requested that the information be withheld; therefore, we will not be able to verify your dates of enrollment and/or degree(s) to potential employers. (See below for removal of **Withhold Directory Information** designation).

Howard College/SWCID will honor your request to withhold the information listed below but cannot assume

### **Withhold Directory Information**

I want Directory Information to be withheld. (Directory Information includes all items listed above).  
I wish to prevent the disclosure of my Directory Information and understand the ramifications of doing so.

Name (print) \_\_\_\_\_

Social Security# \_\_\_\_\_

\_\_\_\_\_  
Signature Date

From the date this form is received in the Registrar's Office, we will honor your request to Withhold Directory Information until you request in writing that you wish to remove the Withhold Directory Information designation.

responsibility to contact you for subsequent permission to release that information. Regardless of the effect upon you, Howard College/SWCID assumes no liability for honoring your request for information to be withheld.

### **Directory Information Includes the following:**

- Student's full name
- Addresses (Physical and college assigned email)
- Telephone listings
- Date and place of birth
- Major field of study
- Participation in officially recognized activities and sports
- Photograph
- Weight and height of members of athletic teams
- Date of attendance
- Degrees and awards received
- Most recent previous school/college/university attended
- Classification

This form should be submitted to the Registrar's Office on or before the semester or session. Forms will be accepted after these deadlines, but we cannot be responsible for the release of *Directory Information* prior to receiving the **Directory Information Withhold** request in the Registrar's Office.

You may authorize the release of information in writing on a transaction-by-transaction basis without removing the Withhold Directory Information designation (see above).

### **Release Directory Information**

I want Directory Information to be released. (Directory Information includes all items listed above). I no longer wish to prevent the disclosure of my Directory Information and release Howard College from any responsibility to withhold open Directory Information from the date this form is received in the Registrar's Office.

Name (print) \_\_\_\_\_

Social Security# \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Please return this form to the Student Records Office in order to have your records marked private. Your request for Privacy will not be effective until this form is received by the Student Records Office.