

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: _____

Hearing Status: Deaf Hard of Hearing Hearing

PART A: STUDENT BACKGROUND

1. Name (Last, First, Middle Initial)	2. Prior Names	3. Date of Birth	4. Social Security #	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 <input type="checkbox"/> Videophone <input type="checkbox"/> Voice	11. Work Phone Number <input type="checkbox"/> Videophone <input type="checkbox"/> Voice	12. Cell Phone Number <input type="checkbox"/> Videophone <input type="checkbox"/> Voice <input type="checkbox"/> Text																									
13. 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)																												
14. Education Background: High School last attended: _____ City/State: _____ (a) Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, date: _____ (b) If NO, do you have a GED? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, date received: _____ (c) Was GED received in a state other than Texas: <input type="checkbox"/> YES <input type="checkbox"/> 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.																												
15. Are you currently in high school? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, go to number 16. If NO, go to number 17.																												
16. Will you be attending as a (an) <input type="checkbox"/> Dual Credit (Concurrent Enrollment) student <input type="checkbox"/> 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. <i>(Both Dual Credit and Early Admissions requires a completed Concurrent Enrollment form and a high school transcript.)</i>																												
17. Is this your first time in college? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, go to number 24. If NO, go to number 19.																												
18. Have you attended Howard College/SWCID previously? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give dates of attendance: _____																												
19. Are you concurrently enrolling in Howard College/SWCID and any other college? <input type="checkbox"/> YES <input type="checkbox"/> NO Name of college: _____																												
20. List ALL colleges and/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: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 15%;">City</th> <th style="width: 15%;">State</th> <th style="width: 10%;">from _____</th> <th style="width: 10%;">to _____</th> <th style="width: 10%;">Degree Received?</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </tbody> </table>					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
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																							
21. Current college status: <input type="checkbox"/> 0 to 29 hours <input type="checkbox"/> 30 to 59 hours <input type="checkbox"/> 60+ hours																												
22. Are you on academic probation / suspension at any school? <input type="checkbox"/> YES <input type="checkbox"/> NO																												
23. Degree you are seeking? <input type="checkbox"/> Associate of Arts <input type="checkbox"/> Associate of Science <input type="checkbox"/> Associate of Applied Science <input type="checkbox"/> Certificate																												

24. What is your major? _____ (see below for SWCID majors) (HC website for HC majors)				
Automotive Maintenance Technician	ASL: Deaf Support Specialist	Interpreter Training Program		
Computer Information Systems	General Studies (AA or AS degree)	Office Technology		
Dental Lab Technology	Visual Communications Technology	Welding		
Building Construction Maintenance Technology				
25. Financial Aid Support Information (VR, WIA, Scholarships, etc.)				
VR Counselor's Name	Street Address	City/State/Zip Code	Phone Number	Fax Number
E-mail Address				
TSI STATUS <input type="checkbox"/> I have not taken any Placement test. <input type="checkbox"/> I took the following test or am exempt from the TSI test. (Check one) <input type="checkbox"/> ACT <input type="checkbox"/> SAT <input type="checkbox"/> Honorable Military Discharge <input type="checkbox"/> Active Military <input type="checkbox"/> Previous Degree <input type="checkbox"/> Credit earned prior to Fall 1989 I authorize Howard College/SWCID to utilize my Texas Success Initiative scores from any schools previously attended. Signature _____ Date _____				

PART B: RESIDENCY ISSUES

1. Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, go to number 2. If NO, do you hold a Permanent Residence status for the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, date permanent resident card issued: _____ Number: _____ County of Citizenship: _____ Have you enclosed a copy of your Resident Alien Card? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are you a Texas resident? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Upon whom are you basing your claim of residence status? <input type="checkbox"/> SELF <input type="checkbox"/> PARENT <input type="checkbox"/> 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? <input type="checkbox"/> EDUCATION <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> OTHER: _____ d. Have you lived in Howard County for the last six months? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, date moved to Howard County: _____ e. Have you been employed in Texas for the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO Employer's name: _____ Phone No.: _____ Employer's address: _____ Period of employment: _____ to _____ Position: _____ <input type="checkbox"/> PART-TIME <input type="checkbox"/> 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: <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN c. Is this person a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, does this person hold a Permanent Residence status for the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO 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? <input type="checkbox"/> YES <input type="checkbox"/> NO i. Will this person claim you the current tax year? <input type="checkbox"/> YES <input type="checkbox"/> NO

6. If your claim of residency is based upon active military assignments in Texas, please answer.
- Person on active duty SELF SPOUSE PARENT / LEGAL GUARDIAN
 - Home of Record (State of legal residence) _____
 - Has proof of military assignment in Texas been provided to this institution's Office of Enrollment Services?
 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 on this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

Signature: _____ Date: _____

PART D. FINANCIAL RESPONSIBILITY

I agree and understand I am responsible for all payment of tuition, room and board fees and related costs that are added to my student account. In addition, I agree to pay any fees, fines or penalties that are added to my student account which are related to my attendance at HCJCD, including but not limited to: parking fees or fines, discipline fines, late payment fees, finance charges or other HCJCD charges. Further, I understand that if my student account becomes delinquent, HCJCD will withhold my official transcript and I will be unable to re-enroll until my balance is paid. Finally, I understand that should my student account become delinquent, the balance will be referred to a third party collection agency and I will be responsible for all collection costs.

Signature: _____ Date: _____

Mail, fax, or email the completed application to SWCID Enrollment Services Office at:

SWCID Enrollment Services OR Fax it to (432) 264-3729 OR Email it to swregistrar@howardcollege.edu
3200 Avenue C
Big Spring, TX 79720

The Howard County Junior College district does not discriminate on the basis of race, color, national origin, sex, disability, age, veteran status, or any other legally protected status in educational programs, activities, admissions, or employment practices.
