Application for Admission

Instructions: Please print or type a response to each question. All documents submitted to the college become part of the official file 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

<table>
<thead>
<tr>
<th>ID #</th>
<th>1. Name (Last, First, Middle Initial)</th>
<th>2. Prior Names</th>
<th>3. Date of Birth</th>
<th>4. Social Security Number</th>
<th>5. Male Female</th>
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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.)
☐ White  ☐ Black  ☐ Hispanic  ☐ Asian/Pacific Islander  ☐ American Indian/Alaskan Native  ☐ 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>from</th>
<th>to</th>
<th>Degree Received?</th>
<th>☐ YES</th>
<th>☐ NO</th>
</tr>
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</table>

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.

<table>
<thead>
<tr>
<th>Ref #</th>
<th>STUDENT DATA UPDATE FOR GOVERNMENT REPORTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are you enrolled in a preparatory class or Adult Basic Education (ABE) because of TSI or placement scores?</td>
</tr>
<tr>
<td>2</td>
<td>Are you receiving Pell Grant or other Federal Assistance?</td>
</tr>
<tr>
<td>3</td>
<td>Do you have a disability that substantially limits a major life activity?</td>
</tr>
<tr>
<td>4</td>
<td>Do you have difficulty speaking or understanding instructions in the English language?</td>
</tr>
<tr>
<td>5</td>
<td>Are you a homemaker no longer supported by public assistance and having difficulty obtaining employment?</td>
</tr>
<tr>
<td>6</td>
<td>Are you a single parent?</td>
</tr>
</tbody>
</table>

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

“For Learning, For Earning, For Life”
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 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.

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.

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

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.

“Education...For Learning, For Earning, For Life!”