

Application for Admission

Trinity Valley Community College

INSTRUCTIONS: Please print clearly in ink and be sure to answer each question. All documents submitted to Trinity Valley Community College to meet admission and residency requirements become part of the official files and cannot be returned.

Have you ever attended Trinity Valley Community College/Henderson County Jr. College? No Yes Last year attended: _____

Name: _____
Last name First name Middle name

Other name(s) used on documents (Example: maiden name): _____

Social Security number: _____ - _____ - _____

Permanent/Physical address:

House number Street, route, apartment number (NO P.O. Box) E-mail address
City County State Zip (Area code) Home phone number (Area code) Work phone number (Area code) Cell phone number

Mailing address: Same as physical address

House number Street, route, apartment number E-mail address
City County State Zip (Area code) Home phone number (Area code) Work phone number (Area code) Cell phone number

Name of person to contact in case of emergency: _____ Phone # _____

Have either of your parents received a college degree? Yes No I don't know

This information is used for statistical purposes only and to provide information required by the Federal Government. You are not required to answer these questions to gain admission; however, an answer would be appreciated.

Gender: Male Female Date of birth: ____ Month ____ Day ____ Year Are you Hispanic or Latino: ____ yes ____ no

Please select the racial category or categories with which you most closely identify. Check as many as apply.

____ Asian ____ American Indian or Alaskan Native ____ Black or African American ____ Native Hawaiian or other Pacific Island ____ White

Have you taken the TSI test? Yes No If yes, date: _____

I am exempt from the TSI, based on: ACT SAT STAAR Other: _____

(Proof of TSI exemption must be received prior to registration.)

Desired academic program: _____

Educational objective: Associate of Arts Associate of Applied Science Certificate Marketable skills record Personal enrichment Undecided

Will you also be enrolled in high school during the semester for which you are applying to TVCC? Yes No

If you answered yes, you must provide an approved dual credit/concurrent form from your high school counselor/homeschool director.

Academic term you plan to begin enrollment: Fall Spring Summer Enrollment year: _____

Seeking admission as: Early admissions for high school students Dual credit for high school students High school graduate GED test completed
 College transfer College graduate No high school diploma or GED

Are you on suspension from the last school or college you attended? Academic Disciplinary Not applicable

Date of high school graduation or GED completion: Month _____ Day _____ Year _____

High school attended _____ City _____ State _____

List all colleges or universities in which you have been officially enrolled:

College/University name	City, State	Last year of attendance	Semester hours completed/degree earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: An official transcript is required from all institutions previously attended.

My signature below indicates that I understand if accepted for admission, I hereby agree to abide by all rules and regulations of TVCC and certify that all information provided in this application is true and correct. I understand that information submitted will be relied upon by College officials to determine my status of admission and residency eligibility. I authorize the College to verify the information I have provided.

Signature _____ Social Security Number _____ Date _____

Trinity Valley Community College 100 Cardinal Dr., Athens, TX 75751 Phone: 903-675-6200 Admissions email: Registrar@tvcc.edu

TVCC is an affirmative action/equal opportunity institution which provides educational and employment opportunities on the basis of merit and without discrimination or harassment because of race, color, religion, sex, age, national origin or disability.



Residency Information

Texas law requires state-supported colleges and universities to collect documentary evidence of a student's Texas residency prior to enrollment. All applicants are required to answer the questions below. If you have attended school or resided out of state, additional proof of residency may be required, and the Office of Admissions reserves the right to determine the validity of documents submitted. Military personnel/dependents must submit proof of military assignment in Texas at each enrollment. Students who are not U.S. citizens must provide proof of immigration status.

1. Are you a U.S. citizen? Yes No

A. If not a citizen, do you hold permanent residence status for the U.S.? Yes No

B. Date permanent resident card issued: _____ Number: _____

C. If not permanent resident, have you received Notice of Action (I-485) for your application for permanent residence? _____

D. Are you a foreign national here with a visa? y _____ n _____ Visa/Status _____

If you answer no to #1, A or D, you must complete the affidavit to claim Texas Residency. The affidavit can be found on our website.
www.tvcc.edu

2. Are you a Texas resident? Yes No

3. Upon whom are you basing your claim of residence status? Self Parent Legal guardian

If legal guardian, guardianship papers must be provided. (If you are 17 years or younger or a dependent of your parent or legal guardian for federal tax purposes, you must complete item 5.)

4. If your claim of residence status is based upon self, answer the following questions:

A. How long have you resided in Texas? _____ year(s) and _____ month(s)

B. Previous state or country of residence? _____ Date moved to Texas: _____

C. How long have you lived at the current address you live at now? _____ year(s) and _____ month(s) If less than one(1) year, give your previous address: _____

5. If your claim of residence status is based upon parent or legal guardian, please answer the following questions:

A. Name of person upon whom claim is based: _____

B. Relationship to you: Parent Legal guardian

C. How long has this person resided in Texas? _____ year(s) and _____ month(s)

D. Previous state or country of residence: _____

E. How long has the person named above, lived at the current address? _____ year(s) _____ months(s)

F. Is this person a U.S. citizen? Yes No

If not a citizen, do they hold permanent residence status for the U.S.? Yes No

Date permanent resident card issued: _____ Number _____

G. Has parent or legal guardian claimed you as a dependent for U.S. federal income tax purposes for the tax year preceding your registration? Yes No

H. Will this person claim you for the current tax year? Yes No

6. What Texas independent school district is your permanent address located? _____

Oath of Residency

I understand that information submitted herein will be relied upon by college officials to determine my status for admission and residency eligibility. I authorize TVCC to verify the information I have provided, to obtain my TSI scores if necessary and to request relevant information from other agencies concerning my enrollment. 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. I also understand that my records may be used in compiling reports for state agencies, the federal government, and accrediting bodies and in conducting research for program planning, management, and evaluation. My signature below indicates my consent to the statistical use of my records.

Signature _____

Social Security number _____

Date _____

Medical Information

My signature below indicates that I have read the information on bacterial meningitis.

This form can be found on the TVCC website,
catalog or printed semester schedule.

Signature _____

Date of birth _____

Date _____

Code of Conduct

I understand that I will be expected to abide by the TVCC Student Code of Conduct at all times. Failure to fulfill this commitment could result in disciplinary action and the possibility of being dismissed from the College.

Signature _____

Date _____



**TRINITY VALLEY COMMUNITY COLLEGE
DUAL CREDIT/CONCURRENT REGISTRATION FORM**

Pursuant to Title 3 of the Texas Education Code, Statute: Section 130.008, the governing board of Trinity Valley Community College waives the tuition for individuals concurrently enrolled in high school and college courses which will meet high school graduation requirements. To be entitled to this waiver, the individual must comply with college admission requirements and complete this form with appropriate authorization from the high school principal or designee.

Important: This form must be completed each semester of enrollment in college courses and be on file at the time of registration.

Name of Student _____ TVIN # _____

High School Kaufman Academic Year _____

High School Classification: Freshman _____ Sophomore _____ Junior _____ Senior _____

Rules for Concurrent and Dual Credit High School Students:

1. Students must take TSI or an approved alternative test unless exempt by academic program.
2. Students taking Dual Credit may only have the tuition waiver on 2 courses per semester.
3. Students wishing to take more than 15 SCH must have prior approval from TVCC's Director of Dual Credit.

Acknowledgements:

- Parents of students under the age of 18 retain their rights under FERPA at the high school and may inspect and review any records sent by the postsecondary institution to the high school. I authorize Trinity Valley Community College to disclose my grades to the high school.
- I acknowledge that my voice, presence and participation, as well as electronic recording of TVCC classes will not be a violation of my personal rights and release any claims for the use of such.
- I understand that college courses contain adult content and instruction.
- I understand that students enrolling in certain workforce certificate courses may be subject to a criminal background check as a requirement of local, state, and national agreements and/or standards. An identified criminal history may disqualify students from enrolling in health occupations college courses.
- I understand that if I withdraw from all college classes on day one of the semester or after, the TVCC refund schedule will take effect. I am responsible for paying the amount of tuition and fees charged and due through the day of the semester that I withdraw from all classes.
- I authorize TVCC personnel to discuss the student and/or disclose grades and admission information to the parents and/or legal guardians listed below:

Name of Parent or Legal Guardian(s)

Name of Parent or Legal Guardian(s)

*Student Signature _____ Date: _____

*Parent Signature _____ Date: _____

*All signatures must appear on this form, even if student is 18 years of age or older

DUAL CREDIT: Courses earn both high school and college credit.

TVCC Semester	TVCC Course Name & Number	TVCC Course Section	High School Course Transcribed
FAI			

*TVCC Approval *(Over 15 SCH must have TVCC approval; Tuition waiver will not apply beginning with the 3rd course)

COLLEGE CREDIT ONLY: Courses earn college credit only and cannot be used for tuition waiver.

TVCC Semester	TVCC Course Name & Number	TVCC Course Section

Principal or Counselor Signature _____

Date _____

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Sum1			

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Sum 2			

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