

**FRESHMAN ORIENTATION RESERVATION FORM**

Please complete the following reservation form and return with check, money order, or credit card authorization in the amount of \$20.00, payable to:

**Trinity Valley Community College, 100 Cardinal Drive, Athens, TX 75751, Attn: Guidance Office**

**Please Print:**

Name: \_\_\_\_\_  
(Last Name) (First Name) (Maiden Name if applicable)

Address: \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

Daytime telephone (\_\_\_\_) \_\_\_\_\_ e-mail address \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**The following MUST be on file in Registrar's Office by orientation deadlines:**

- \_\_\_\_ Completed "Application for Admission" form (found at tvcc.edu)
- \_\_\_\_ Completed "Proof of Residency" form (found at tvcc.edu)
- \_\_\_\_ Official high school transcript (with graduation date) or GED scores  
name of H.S. attended \_\_\_\_\_ Year of Graduation \_\_\_\_\_
- \_\_\_\_ submit test scores for TSI purposes:  
 \_\_\_\_ THEA    \_\_\_\_ QTHEA    \_\_\_\_ COMPASS    \_\_\_\_ ASSET    \_\_\_\_ AccuPlacer

**or exemptions to the above testing:**

- \_\_\_\_ enrolling in a test waived Certificate program (indicate program \_\_\_\_\_)
- \*Cosmetology & Nail Tech Programs are not eligible for early registration\***
- \_\_\_\_ ACT (composite 23/min. of 19 on Eng. & Math – scores no more than 5 yrs. old)
- \_\_\_\_ SAT (composite 1070/min. of 500 on Verbal & Math – scores no more than 5 yrs. old)
- \_\_\_\_ TAKS (check with Registrar's Office for scores)

Please indicate your preference of sessions by ranking 1 or 2. You will receive confirmation (by mail) of your conference date as soon as possible. Orientation check-in is **8:00 am** in the Administration Building foyer.

- \_\_\_\_ Session #1 – July 22 (Reservation deadline – July 8)
- \_\_\_\_ Session #2 – August 12 (Reservation deadline – July 29)

**CREDIT CARD PAYMENT FORM**

If you wish to pay by credit card, please complete the following information:

Student Name: \_\_\_\_\_ SS# \_\_\_\_\_ Semester/Yr. \_\_\_\_\_

Amount to be charged \$ \_\_\_\_\_ on \_\_\_\_\_ VISA \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Security Code (CCVN#-on back of card) \_\_\_\_\_

**PRINT** cardholder's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_ Today's Date \_\_\_\_\_

Cardholder's billing address: \_\_\_\_\_

Daytime phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

