

2011 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
- ____ TAKS (2200/min. on ELA with a 3 or 4 on writing; 2200/min. on Math)
- ____ 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)

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***

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 21 (Reservation deadline – July 7)

_____ Session #2 – August 11 (Reservation deadline – July 28)

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 # _____ - _____ - _____