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:

	Last name me(s) used on			Fi			
	me(s) usea on				rst name		Middle name
		documents (Example: 1					
ocial Se	curity number	r:					
°ermane	ent/Physical ad	ldress:					
	House number	Street, route	e, 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
Aailing a	address: 🗆 Sa	me as physical address					
	House number	Street, route	e, apartment number		E-mail addres	SS	
	City	County	State	Zip	(Area code) Home phone number	(Area code) Work phone number	(Area code) Cell phone number
lame of	person to cont	tact in case of emergen	cv:			Phone #	
	-	-					
lave eith	her of your par	rents received a college	degree? □ Yes □	No □Id	lon't know		
*****	*********	*****	*****	******	******	*****	*****
lave you	u taken the TSI □ I am exemp (Proof of	test? □Yes □No If	yes, date:	STAAR □ tion.)	**************************************		
Educatio	onal objective:	□ Associate of Arts	Associate of Applied	Science	🗆 Certificate 🗆 Marketable skil	ls record 🛛 Personal enrich	ment 🗆 Undecided
Will you	also be enroll	ed in high school during	g the semester for w	hich you a	are applying to TVCC? Yes	□ No If you answered yes, you must dual credit/concurrent form fr counselor/homeschool directo	om your high school
	Academic	term you plan to begin	enrollment: 🗆 Fall	□ Spring	g □ Summer Enrollmer	nt year:	
		□ College transfer □ 0	College graduate 🛛 I	No high so	redit for high school students :hool diploma or GED □ Academic □ Disciplinary		GED test completed
Date of h	igh school gra	duation or GED comple	tion: Month			_ DayYear	
	High school a	attended			City		State
List all co	-	ersities in which you ha versity name	ve been officially en City, State	rolled:	Last year of attendance	e Semester hours o	completed/degree earned

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 opportunites on the basis of merit and without discrimination or harrassment 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.

Number:

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:_
- 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) andmonth(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? \Box Yes \Box 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? \Box Yes \Box No H. Will this person claim you for the current tax year? \Box Yes \Box No

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

Oath of Residency

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Signature

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
dical Information			found on the TVCC website,
My signature below indicates that	l have read the information on bacterial me		d semester schedule.

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.

Date