EARLY COLLEGE
RETURNING STUDENT ENROLLMENT FORM

STUDENT NAME: __________________________ TSC ID #: ________________

SCHOOL: __________________________ DATE OF BIRTH: ________________

YEAR: ___________ □ FALL □ SPRING □ SUMMER I □ SUMMER II
GRADE: ___________

HIGH SCHOOL ID NUMBER: __________________ PHONE NUMBER: ______________

Meet with your counselor and determine the courses in which you would like to enroll:

Fall
1. ___________ 2. ___________ 3. ___________ 4. ___________

Spring
1. ___________ 2. ___________ 3. ___________ 4. ___________

STUDENT:

1. _____ Complete the online application at www.applytexas.org. Application ID # _____________
2. _____ May need to take TSI exam.

COUNSELOR:

3. _____ Submit the following to the TSC Office of High School Relations and Community Outreach:
   □ Most current student transcript
   □ TSI test scores
   Exam: □ TSI □ TAKS □ STAAR EOC □ SAT □ ACT
   Test Scores: Math: __________ Reading: __________ Writing: __________
   Passing TSI Test Scores: Math: ≥ 350 Reading: ≥ 351 Writing: Essay ≥ 5 or 4 w/ 363

4. _____ Submit complete class rosters to the TSC Office of High School Relations and Community Outreach by the approved deadline.