



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.