

Emergency Contact:

Name

Relationship

Street Address

(_____)

City, State, Zip

Telephone

In order to provide better services for people with disabilities, the following voluntary information is needed. This is for affirmative action purposes. The information you provide will not affect your admission to any STEM program and will be kept confidential.

Please check all that applies to you: physical disability learning disability other disability

Will you need accommodations in order to succeed in the program for which you are applying? yes no

EDUCATIONAL BACKGROUND

Last High School Attended: _____

School City/State

Graduation Date

Please list each college or university that you have attended or will attend prior to enrolling at TSC.

NAME OF SCHOOL	CITY	STATE	DATES ATTENDED	DIPLOMA/DEGREE

NOTE: If you have attended more than three colleges, please list on a separate sheet.

Entrance exam (TSI Assessment) must be completed prior to consideration of this application. (Contact Testing Center at the Oliveira Student Services Center, (956) 295-3665 to arrange testing).

Date taken: _____ Or Scheduled: _____

List all college or university COURSES which you are currently enrolled or will have completed before the program begins that DO NOT PRESENTLY APPEAR on your transcript.

COLLEGE OR UNIVERSITY	COURSE NO.	COURSE TITLE	CREDIT HRS	TERM/YR

I understand that the Admission Committee will not regard this application as “complete” until all supporting papers have been received; therefore, it is to my interest to see that these are submitted as promptly as possible. It is also my understanding that official transcripts sent directly from each school I have attended must be received as soon as possible and at the end of each successive semester, quarter, etc., for as long as my application is being considered. Transcripts showing additional work after acceptance must also be submitted.

If selected for admission to this program, I will at all times conduct myself in accordance with the rules and regulations of the College and Program. I certify that the information in 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.

Signature of Applicant

Date

If there are circumstances which may have an influence on your admission, which you would like for those reviewing your application to know about, please describe on a separate sheet and attach.

DEADLINES FOR RECEIPT OF APPLICATION AND ALL REQUIRED DOCUMENTS:

PROGRAM	PROGRAM BEGINS	APPLICATION DEADLINE
Architecture (ARCH)	Fall Semester	August 1
Computer-Aided Drafting (CAD)	Fall Semester	August 1
Computer Information Systems (CIS)	Fall Semester	August 1
Computer Science (COSC)	Fall Semester	August 1
Computer Web Development (CWD)	Fall Semester	August 1

Application and supporting documents should be submitted to:

Victor Flores (CIS, COSC, CWD)
Academic Advisor
Oliveira Student Services Center
Academic Advising Office
(956) 295-3650
victor.flores@tsc.edu

or

Terry “Ted” Molina (ARCH, CAD)
Academic Advisor
International Technology Economic & Commerce Center (ITECC)
Office Location-G1
(956) 295-3642
terry.molina@tsc.edu

For admission into TSC, all official transcripts should be mailed to: Admissions Office-TSC, 80 Fort Brown, Brownsville, TX 78520

RECOMMENDATION FORM

Name of Applicant: _____ ID#: _____

Address: _____ Phone#: _____

Applying to:

- Certificate of Proficiency in Computer-Aided Drafting A.A.S. in Computer-Aided Drafting
- A.S. in Architecture Certificate of Proficiency in Computer Information Technology
- A.A.S. in Computer Information Systems Certificate of Proficiency in Computer Web Development
- A.S. in Computer Science A.A.S. in Computer Web Development

RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

The applicant must complete and sign the following statement before submitting this form to the recommender. This request is in compliance with Federal Law P.L. 93-380 (Family Educational Rights and Privacy act of 1974)

- I waive my right of access to this letter of recommendation
 I do not waive my right of access to this letter of recommendation

Signature of Applicant

Date

RECOMMENDATION

1. FAMILIARITY WITH APPLICANT:

How well do you know the applicant? Very Well Fairly Well Not Well Unknown

How long have you known the applicant? _____

Identify the capacities in which you have been associated with the applicant.

- Personally Student Known as an employee Other

2. MOTIVATION FOR THE STEM PROGRAM:

Exceptionally good Good; no major weaknesses Poor Inadequate opportunity to Observe

Weak in some respects, such as _____

Additional comments: _____

3. POTENTIAL FOR WORKING WITH CLIENTS:

Exceptionally good Good; no major weaknesses Poor Inadequate opportunity to Observe

Weak in some respects, such as _____

Additional comments: _____

4. COMMUNICATION SKILLS:

Poor Expression	Inappropriate Verbose,etc	Accurate and Appropriate	Above Average	Inadequate Observation
Oral.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

5. COMPUTER SKILLS:

Very Proficient Proficient Average Not Proficient

6. WORK HABITS:

Consistently exceeds expectations Occasionally exceeds expectations Usually meets expectations

Often fails to meet expectations

7. INTERPERSONAL RELATIONS WITH OTHERS:

Appropriate Poor Inadequate opportunity to observe Difficulties, such as _____

8. In addition to your preceding responses, please give your personal evaluation of and your reaction to the applicant. You may wish to amplify some of your previous comments.

9. My recommendation is: Very Enthusiastic Strong Neutral Negative

Print Name _____

Signed Name _____

Date _____

Position _____

Institution _____

Please Mail this letter to:

Texas Southmost College
STEM Division / Attn: Nancy Cortez
80 Fort Brown
Brownsville, TX 78520

Or email:

Nancy Cortez
Nancy.cortez@tsc.edu

If completed electronically, return email serves as your approval.