

# APPLICATION FOR PROGRAM ADMISSIONS

**Select Program of Interest:**

- Diagnostic Medical Sonography       Radiologic Technology       Emergency Medical Science  
 Respiratory Care Science       Medical Laboratory Technology

This application is for admission into the program beginning:       FALL \_\_\_\_\_ /       SPRING \_\_\_\_\_

*NOTE: Applicants must complete remedial requirements & program prerequisites by the application deadline of the term for which admission is sought.*

Date of Application: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Full Legal Name:

\_\_\_\_\_  
*Last First Middle*

Current mailing address:

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip*

Current telephone:      (      ) \_\_\_\_\_ (where you can be reached between 8 a.m. and 5 p.m. on weekdays)

Email Address: \_\_\_\_\_

If you have previously attended any school under a name other than that given above, please specify below:

List other Allied Health Schools/Programs you have or will apply to:

\_\_\_\_\_  
Allied Health School or Nursing Program

\_\_\_\_\_  
Date of Application

## PERSONAL INFORMATION

Male       Female

Place of Birth: \_\_\_\_\_

Ethnic Origin: (OPTIONAL – for affirmative action purpose only)

White       Hispanic       Native American       Black       Asian       International       prefer not to answer

\*\*\* If you are an international student, please refer to the International Section in the TSC Catalog for additional requirements

Emergency Contact:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, Zip*

(      )  
\_\_\_\_\_  
*Telephone*

Have you ever been convicted of a misdemeanor or felony (including deferred adjudication for either) with the exception of minor traffic violations (e.g. speeding or parking violations)? \*Note: DUI's, DWI's, PI's are not minor traffic violations.       Yes       No  
If "Yes," provide a written explanation.

Were you ever required to leave high school, college, graduate or professional school or ever denied readmission because of deficiencies either in conduct or scholarship?       Yes       No      If "Yes," provide a written explanation.

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 the Division of Health Professions 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**

List the high school you attended and REQUEST THAT AN OFFICIAL TRANSCRIPT be sent to the address shown below.

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. (REQUEST THAT AN OFFICIAL TRANSCRIPT FROM EACH INSTITUTION SHOWING ALL WORK ATTEMPTED BE SENT DIRECTLY TO THE ADDRESS SHOWN BELOW).

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, TASP, THEA, etc.) must be successfully completed prior to consideration of this application. (Contact Testing Center, Student Services Building 956-295-3660 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 documents 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, Program and its clinical affiliates. 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
Emergency Medical Science	Fall Semester	Last working day of May (Noon)
Medical Laboratory Technology	Fall Semester	2nd Friday of July (Noon)
Radiologic Technology	Spring Semester	Last working day of August
Respiratory Care Science	Fall Semester	Last working day of May (Noon)
Diagnostic Medical Sonography	Fall Semester	Last working day of May (Noon)

Application, transcripts, and supporting documents should be hand delivered to: (Indicate the Name of the Program)

Texas Southmost College  
ITEC Center  
301 Mexico Blvd Suite H3A  
Brownsville, Texas 78520-4993

The Texas Southmost College does not discriminate based on sex, race, color, national origin, handicap or age

Students please check one in this section. (Required Essential Functions can be found at the program webpage)

RADIOLOGIC TECHNOLOGY     DIAGNOSTIC MEDICAL SONOGRAPHY     MEDICAL LABORATORY TECHNOLOGY  
 RESPIRATORY CARE SCIENCE     EMERGENCY MEDICAL SCIENCE

I have reviewed and understand the required program essential functions and I believe that I meet all these standards.  
 I am not sure if I meet one or more of these functions and I need further evaluation. Check one or more the of the following:

Vision     Speech and Hearing     Fine Motor Function     Psychological Stability

Effective September 1, 2017, HB 1508, 85th Leg., R.S. (2017), amended Chapter 53 of the Texas Occupations Code to add Subchapter E relating to notice to applicants to and enrollees in certain educational programs regarding the consequences of criminal conviction on eligibility for an occupational license.

Pursuant to Chapter 53, Subchapter E, of the Texas Occupations Code, please be advised that Texas Southmost College offers programs that lead to an occupational license as defined under Texas Occupations Code 58.001. Licensing authorities may have guidelines concerning prior criminal convictions that would make an individual ineligible for issuance of a given license. If you are enrolled in a program that may prepare an individual for an occupational license and/or if you later decide to change to a program that prepares you for an occupational license as defined under Texas Occupations Code 58.001, in accordance with state law, please be advised of the following:

1. An individual who has been convicted of an offense may be ineligible for issuance of an occupational license upon completion of the educational program;
2. Each licensing authority that may issue an occupational license to an individual who completes an educational program must establish guidelines which state the reasons a particular crime is considered to relate to a particular license and any other criterion that affects the decisions of the licensing authority.
3. Local or county licensing authorities may issue additional guidelines related to criminal history. Applicants should contact their respective local or county licensing authority for more details.
4. A person may request a criminal history evaluation letter regarding the personal eligibility for a license issued by a licensing authority under Texas Occupations Code 53.102.

Note that the provisions of Chapter 53 of the Texas Occupations Code relating to the consequences of criminal conviction do not apply to licenses granted by the Supreme Court of Texas, law enforcement officers (Texas Occupations Code Chapter 1701), emergency medical services personnel (Texas Health and Safety Code Chapter 773), or persons licensed by the Texas Medical Board, the Texas State Board of Pharmacy, the State Board of Dental Examiners, or the State Board of Veterinary Medical Examiners that have been convicted of a felony under Chapter 481 or 483 or Section 485.003 of the Texas Health and Safety Code. If you are seeking one of these licenses, please be aware that other provisions of the law may be applicable relating to the consequences of criminal conviction.

All applicants to and enrollees of Texas Southmost College are encouraged to review all applicable eligibility requirements related to the respective occupational license. Questions related to eligibility requirements should be directed to the applicable licensing authority.