APPLICATION FOR ADMISSION

Select Field of Interest:

☐ Automotive Technology ☐ Construction Technology ☐ Heating, Ventilation, & Air Conditioning
☐ Auto Body Repair ☐ Commercial & Residential Electrician

Select award desired: ☐ Associates Degree ☐ Certification

This application is for admission into the program beginning: ☐ FALL _____ / ☐ SPRING _____

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)*

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

_____

List other Career Technical Education Schools/Programs you have or will apply to:

	Date of Application
_____	_____
_____	_____

PERSONAL INFORMATION

☐ Male ☐ Female Place of Birth: _____

Ethnic Origin: (*OPTIONAL-for affirmative action purposes only*)

☐ White ☐ Hispanic ☐ Native American ☐ Prefer Not To Answer
☐ Black ☐ Asian ☐ International

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 the School of Health Sciences and will 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 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) must be successfully completed prior to consideration of this application. *(Contact Testing Center in student services building 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, Program and its 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
Automotive Technology	Fall Semester	May 1st
Auto body Repair	Fall Semester	May 1st
Construction Technology	Fall Semester	May 1st
Heating, Ventilation, & Air Conditioning Technology	Fall Semester	May 1st
Commercial & Residential Electrician	Fall Semester	May 1st

* A*pplication, transcripts, and supporting documents should be mailed to:*

(Indicate the Name of the Program)
Texas Southmost College
80 Fort Brown
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 in Program Brochure)*

☐ Automotive ☐ Auto body Repair ☐ Construction Technology ☐ HVAC ☐ Electrician

☐ 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