



TEXAS SOUTHMOST COLLEGE

High School Programs and Services

Commandants Quarters • 80 Fort Brown • Brownsville, Texas 78520 • www.tsc.edu

RETURNING STUDENT ENROLLMENT FORM

STUDENT NAME: _____ TSC ID: _____

SCHOOL: _____ GRADE: _____ DATE OF BIRTH: _____

HIGH SCHOOL ID NUMBER: _____ PHONE NUMBER: _____

YEAR: _____ PROGRAM OF STUDY: _____

Semester: FALL SPRING SUMMER I SUMMER II

Program: DE ECHS CTE P-TECH

STUDENT:

- 1 _____ May need to take TSI exam.
- 2 _____ “Fundamental Component Area” form, if required
- 3 _____ Submit signed “Bacterial Meningitis” form, if taking classes on TSC campus.
- 4 _____ Meet with your counselor and determine the courses in which you would like to enroll:

Fall/ Summer I:

1. _____ 2. _____ 3. _____ 4. _____

Spring/ Summer II:

1. _____ 2. _____ 3. _____ 4. _____

COUNSELOR:

- 1 _____ Submit the following to the TSC Office of High School Programs and Services:

_____ “Fundamental Component Area” form, if required.

_____ “Bacterial Meningitis” form, if required.

_____ Test scores

Exam: TSI TAKS STAAR EOC SAT ACT

Test Scores: Math: _____ Reading: _____ Writing: _____

TSI ABE (If Applicable): Math: _____ Reading: _____ Writing: _____

Passing TSI Test Scores: Math: ≥ 350 Reading: ≥ 351 Writing: Essay ≥ 4 w/ 340