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## 2021-2022 Program of Study Form

Student Name:		ID#	t:	Ph	ione#:		
Will/did you receive a high s	school diploma/G	ED before en	rolling for collego	e?	_Yes	No	
Name of high school you att	ended						
Date of graduation or anticip	pated graduation	date from hi	gh school	/	/		
Do you have a Bachelor's De	gree (includes th	ose received	from a foreign co	ountry)?	Yes _		_No
Are you working on a Maste	r's Degree?	Yes	No				
What is your grade level?  Never attended collections of the series of t	college before (1-2 re (30-59 hours) 89 hours) plus hours) vill you be pursuin an 2 years ct 2 years ccupational or te	ng during 202 chnical progr		ear?			
I understand that the financial remain incomplete until all nece and correct to the best of my kindiscrepancies found.	essary documents o nowledge. I authori	are submitted. ize the Financi	I certify that all in	formation re <sub>l</sub> C to make cor	ported on the	his form i cessary to	is complete o resolve any
WARNING: If you purposely giv	'e Jaise or misieadii	ng injormatior	i on this Worksheet	t, you may be	jinea, senti	encea to	jaii, or both.
Student Signature:				D	ate:		/
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Upload document via your

TSC Online – Financial Aid Self Service portal

For questions contact us via email at financialaid@tsc.edu

Or by phone at (956) 295-3620

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