

**Instructions:** Please print or type. Be sure to answer each question. All documents submitted to the college become part of the official files and cannot be returned. **I acknowledge that academic or disciplinary concerns may be discussed by the appropriate official and my parents or legal guardian.**

**PART A. STUDENT BACKGROUND**

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Name(Last,First,Middle)		Maiden Name	Date of Birth	Gender Male Female
Local Address (Street-Rt-Box)		City	State	Zip Code
Permanent Address (Street-Rt-Box)		City	State /Country	Zip Code County of Residence
Telephone Number		Cell Phone Number		Work Phone Number
Email:				
Ethnic Data – <b>select all that apply</b> (These items are used to satisfy State/Federal reporting requirements and in no way affect the admission decision.)				Marital Status Single Widowed Married Divorced
Asian American Indian/Alaskan Native		Black/African American	Latin/Hispanic Hawaiian/Pacific Islander	White International/Non Resident
Place of Birth: City		State	Country	Country of Citizenship:

**SUPPLEMENTAL INFORMATION**

1. If either parent has attended college, what is their highest level of education?  
 1 Year     2 Years     3 Years     Completed Bachelor’s or Above Degree
2. Will you be attending Full Time?  Yes  No
3. Will you be attending on-campus classes at WTC?  Yes  No
4. Do you need academic help in:  English  Math  Reading
5. Is English your Native Language?  Yes  No    If **No**, what is your Native Language? \_\_\_\_\_
6. Do you receive economic assistance such as  Pell Grant  Food Stamps  AFDC  Title A of Social Security Act  JTPA  TEC  
 Natl. School Lunch Act  Other  None
7. Are you a single parent with legal custody of minor children?  Yes  No
8. Are you a person who has been responsible for home and family without pay and are returning to school to get marketable skills?  
 Yes  No
9. Have you been employed in the past 5 years, part-time and/or full-time?  Yes  No
10. Have you ever been convicted of a felony?  Yes  No
11. National Scholarship (*optional*). Please indicate if you have progressed in any of the following National Scholarship Competitions.  
 National Merit Semifinalist     National Achievement Semifinalist  
 National Hispanic Finalist     No Answer
12. IB Diploma (*optional*). Will you graduate high school with an International Baccalaureate Diploma?  
 Yes     No     No Answer

**EDUCATION INFORMATION**

13. Did you graduate from high school?  Yes  No    If **YES**, give date \_\_\_\_\_(month) \_\_\_\_\_(year)
14. If you did **NOT** graduate, did you receive a GED?  Yes  No    Date GED received: \_\_\_\_\_(month) \_\_\_\_\_(year)
15. Are you **currently** enrolled in high school?  Yes  No    Anticipated date of graduation: \_\_\_\_\_(month) \_\_\_\_\_(year)
16. High School last attended: \_\_\_\_\_  

Name of School
City
State
17. Did you attend Tech Prep classes?  Yes  No **must be indicated on official transcript.**
18. If you are currently enrolled in high school, will you be attending as a **Dual Credit** student? (You are enrolling in a class in which you will earn both high school and college credit.  Yes  No  
 (Requires a **Dual Credit Enrollment form** from your high school. All sections of the form must be completed.)
19. Are you currently taking dual credit classes in your high school through WTC?  Yes  No

**TSI STATUS**

I have taken the TASP, THEA, or OTHER ALTERNATIVE TEST.  I have NOT taken any Placement test.  
 I am exempt from the THEA test. If exempt, how? (Check one)  
 ACT  SAT  TAKS  Honorable Military Discharge  Active Military  
 Previous Degree  Credit earned prior to Fall 1989  
 Beginning fall 1998, the THEA test must be taken prior to enrollment. For additional information, see the catalog or call Student Services/Counseling at (325) 573-8511.

**ENROLLMENT INFORMATION**

20. Is this your first time in college?  Yes  No If **No**, go to 22.  
 21. Have you previously attended Western Texas College?  Yes  No If **YES**, for  Credit?  Non-Credit?  
**If YES:** First enrollment at WTC Semester \_\_\_\_\_ Year \_\_\_\_\_  
 Last enrollment at WTC Semester \_\_\_\_\_ Year \_\_\_\_\_  
 22. List ALL previously attended colleges or universities below in chronological order. Do not abbreviate. (Please attach a separate sheet if necessary.)

**Failure to disclose this information may result in non-admission or dismissal if enrolled. NOTE:** An official transcript that includes grades from the last semester in attendance is required from ALL institutions previously attended.

College/University Name & Address	City/State	Dates of Attendance	Hours Earned	Type of Degree earned

23. What major field of study are you planning to pursue? \_\_\_\_\_  
 Degree:  Associate of Arts  Associate of Applied Science  Certificate  Undecided  
 24. What is your academic standing from the college you last attended?  Good standing  Probation  Suspension  
 25. When do you plan to enter/return to Western Texas College? \_\_\_\_\_  
 Fall, Spring, or Summer Year

**HOUSING ACCOMMODATIONS (All single students must live on campus unless they live within 45 miles of the college. All single students living off campus must be living with a blood relative and must be approved by the Dean of Student Services prior to enrollment.)**

- A.  On Campus  Dormitory  Apartment B.  Off Campus

**PART B. RESIDENCY**

1. Are you a resident of Texas? Yes  No   
 If No, of what state or country are you a resident? \_\_\_\_\_  
 2. Upon whom are you basing your claim of residence status?  Self  Parent  Legal Guardian If SELF, go to number 3. If PARENT or LEGAL GUARDIAN, go to number 4. (If you are 17 years or younger, or a dependent of your parent or legal guardian for federal tax purposes, you must go to number 4.)  
 3. If your claim of residence status is based upon SELF, answer the following questions:  
 a. Are you a U.S. Citizen?  Yes  No  
 b. How long have you resided in Texas? \_\_\_\_\_ Years \_\_\_\_\_ Months  
 c. Previous state or country of residence: \_\_\_\_\_  
 d. If you came here within the past 5 years, why did you move to Texas?  Education  Employment  
 \_\_\_\_\_ Other \_\_\_\_\_  
 e. Have you lived in Scurry County the last twelve months?  Yes  No  
 If NO, date moved to Scurry County: \_\_\_\_\_  
 f. If you are a member of the U.S. military, is Texas your Home of Record?  Yes  No  
 What state is listed as your military legal residence for tax purposes on your Leave Earnings Statements? \_\_\_\_\_  
 g. Do any of the following apply to you? (Check all that apply)  
 i. Hold the title to real property (home, land) in Texas?  Yes  No  
 ii. Own a business in Texas?  Yes  No  
 iii. Hold a state or local license to conduct a business or practice a profession in Texas?  Yes  No  
 h. For the past 12 months, have you: (Check all that apply)  
 i. Been gainfully employed in Texas?  Yes  No  
 ii. Received services from a social service agency that provide services to homeless persons?  Yes  No  
 i. Are you married to a person who could answer "yes" to any part of question g or h?  Yes  No  
 i. If yes, indicate which question(s) could be answered yes by your spouse. \_\_\_\_\_  
 ii. How long have you been married to the Texas resident? \_\_\_\_\_ (months) \_\_\_\_\_ (years)  
 4. If your claim for residence status is based upon Parent or Legal Guardian, please answer the following questions:  
 a. Is the parent or legal guardian a U.S citizen?  Yes  No  
 i. If No, does this person hold a Permanent Residence status for the U.S.?  Yes  No  
 ii. How long has this person resided in Texas? \_\_\_\_\_ (months) \_\_\_\_\_ (years)  
 iii. Previous state or country of residence: \_\_\_\_\_  
 iv. If he or she is a member of the U.S. military, is Texas his or her Home of Record?  Yes  No  
 v. If No, what state is listed as his or her military legal residence for tax purposes on his or her Leave and Earnings Statement? \_\_\_\_\_

- b. Do any of the following apply to your parent or guardian? (Check all that apply)
  - i. Hold the title to real property (home, land) in Texas? \_\_\_Yes \_\_\_No
  - ii. Own a business in Texas? \_\_\_Yes \_\_\_No
  - iii. Hold a state or local license to conduct a business or practice a profession in Texas? \_\_\_Yes \_\_\_No
- c. For the past 12 months, has your parent or guardian: (Check all that apply)
  - i. Been gainfully employed in Texas? \_\_\_Yes \_\_\_No
  - ii. Received services from a social service agency that provides services to homeless persons? \_\_\_Yes \_\_\_No
- d. Is your parent or legal guardian married to a person who could answer "yes" to any part of question e or f? \_\_\_Yes \_\_\_No
  - i. If yes, indicate which question could be answered yes by your parent or guardian's spouse: \_\_\_\_\_
  - ii. How long has your parent or guardian been married to the Texas resident? \_\_\_\_\_(months) \_\_\_\_\_(years)

**PART C. CERTIFICATION OF RESIDENCY. All students must complete this section.**

I understand that the information I have submitted will be relied upon by the college officials to determine my status for admission and residency eligibility. I authorize the college to verify the information I have provided. I agree to notify officials of any change in the information provided. I certify that the information on this application is complete and correct and understand that the submission of false information is grounds for rejection, reversal of acceptance, cancellation of enrollment, or initiation of disciplinary action. **I further certify that I have been provided with information regarding Bacterial Meningitis and will acquaint myself with these facts.** This signature gives permission for WTC to retrieve THEA scores, if necessary.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Western Texas College is an equal opportunity institution and is in compliance with the Americans with Disabilities Act. Applicants are accepted and considered without regard to race, color, creed, sex, national origin, veteran's status or disability

Revised April 29, 2015