



TEMPLE COLLEGE

APPLICATION FOR ADMISSION/RE-ADMISSIONS

An Equal Opportunity Institution
 Temple College does not discriminate on the basis of gender, disability, race, color, age, religion, national origin, or veteran status.

The following information will be used in creating your permanent record.

Please print legibly and answer all questions. Notify the Admissions and Records Office of any changes.

Please note that all documents submitted to the college become part of your official file & cannot be returned.

For questions, please call 1-800-460-4636 Ext 8300 or local 254-298-8300 or see our web page at www.templejc.edu.

Please return the **completed** application and any other required documents to:

Temple College
 Office of Admissions and Records
 2600 South First Street
 Temple, TX 76504-7435
 Or Fax (254) 298-8288

Part A: Student Information: Returning Temple College Student: Yes No

Last Name:		First Name:		MI:
Do not use nicknames or initials unless the initials constitute the complete name				
Other names used:		Email:		
*Social Security Number:		Date of Birth: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<small>*Without your correct social security number you will not receive financial aid and TC will not be able to verify your degree or enrollment status to outside entities i.e.: employers, universities, scholarship applications.</small>				
Permanent Address:		Local Mailing Address:		
City, State, Zip:		City, State Zip:		
Length of time at current physical address:		Years	Months	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone Number: ()		Local Phone Number: ()		
Permanent Phone Number: ()		Business Phone Number: ()		
When you begin the semester for which you are applying, will you have lived in Texas the previous 12 months?				<input type="checkbox"/> Yes <input type="checkbox"/> No
When you begin the semester for which you are applying, will you have lived in Temple the previous 12 months?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact Name:		Phone Number: ()		
Are you Hispanic/Latino?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Race (Select one or more):		<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> International (non-U.S. citizen who is temporarily in the U.S.)		
<small>This information is for affirmative action purposes and is optional and voluntary. This information will be used in a non-discriminatory manner consistent with applicable civil rights laws.</small>				
**Have you received a bacterial meningitis vaccination dose or booster in the last five years?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>** Effective January 1, 2014 the Texas Legislature requires all first-time or transfer students who are 21 years of age or younger to show evidence of being immunized against bacterial meningitis within the previous 5 years. Students must provide evidence of vaccination prior to registration.</small>				

Part B: Educational Data:

Which semester do you plan on attending Temple College (circle one)?		FALL	SPRING	SUMMER	Year:
Educational Goal:		Major: _____			Please refer to page 4 for a full list of degree programs
<input type="checkbox"/> Associate of Arts degree at Temple College <input type="checkbox"/> Associate of Applied Science degree at Temple College <input type="checkbox"/> Certificate at Temple College <input type="checkbox"/> Earn Credits to Transfer to Another College <input type="checkbox"/> Job Skills <input type="checkbox"/> Personal Enrichment		Major: _____			
		Major: _____			
Method of Admissions (Please check all that apply):					
<input type="checkbox"/> High School Graduate <input type="checkbox"/> GED - if so, what state issued the GED? _____ Date acquired: _____ <input type="checkbox"/> Returning Temple College Student <input type="checkbox"/> Individual Approval (no other method of admissions applicable)		<input type="checkbox"/> Transfer from another College <input type="checkbox"/> Dual Credit High School Student <input type="checkbox"/> High School Early Admission			

Highest Degree or Diploma held:			
<input type="checkbox"/> None	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Certificate of Completion
<input type="checkbox"/> GED	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Beyond Bachelor's Degree	
High school last attended:			
Location:		Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet (currently enrolled)	
Did you live or will you have lived in Texas the 36 months leading up to high school graduation or completion of GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Colleges Attended: List all colleges and universities attended, including Temple College, beginning with the most recent.			
If you have ever attended a college you must complete this section.			
Failure to list <u>all</u> colleges attended will be considered an intentional omission and will lead to enforced withdrawal.			
Institution name:	Location:	Dates of Attendance:	
Institution name:	Location:	Dates of Attendance:	
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Institution name:	Location:	Dates of Attendance:	
❖ If you need additional spaces, please include on a separate sheet of paper and attach to this application.			
During your last semester at a Texas Public institution, did you pay resident (in-state) or non-resident (out-of-state) tuition? <input type="checkbox"/> Resident (in-state) <input type="checkbox"/> Non-Resident (out-of-state) <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable			
If you paid in-state tuition at your last Texas Public institution, was it because you were classified as a resident or because you were a non-resident who received a waiver? <input type="checkbox"/> Resident (in-state) <input type="checkbox"/> Non-Resident with a waiver <input type="checkbox"/> Unknown			
Part C: Texas Success Initiative (TSI) Status:			
The Texas Success Initiative assessment tests are not used for admission purposes, but must be taken prior to enrollment in any college-level courses unless you are exempt or are seeking a Level I certificate. If you are seeking a degree or are planning to transfer to another school for a degree, you must take the assessment test prior to enrolling. If you are in high school, you must take the assessment test prior to enrolling in any college-level courses unless you meet waiver/exemption standards. Students enrolling in a waived Level I certificate program do not have to take the assessment test but are limited to enrollment in certificate courses only.			
Have you taken an official TSI Assessment Test? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: Name of test:		Date taken:	
I have satisfied the TSI requirement at the following institution:			
I am exempt from the TSI requirements based on:			
<input type="checkbox"/> TSI Assessment scores			
<input type="checkbox"/> 11 th grade TAKS or STAARS scores			
<input type="checkbox"/> I have earned an Associate degree (or higher)			
<input type="checkbox"/> ACT scores			
<input type="checkbox"/> SAT scores			
<input type="checkbox"/> I am a transfer student from a private or out-of-state institution (must have at least 9 college-level hours with a 2.0 GPA)			
<input type="checkbox"/> I am serving in the U.S. Armed Forces, or the National Guard and have been serving for at least three years preceding enrollment –submit a copy of your military ID to the Admissions' office			
<input type="checkbox"/> I have served in the U.S. Armed Forces, or the National Guard and was discharged under honorable conditions after August 1, 1990 – submit a copy of your DD 214 to the Admissions' office			
Part D: Residency Status Information:			
Are you a U.S. citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you file your own federal income tax as an independent tax payer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, your claim of residency is based upon self			
If no, who claims you as a dependent on their federal income taxes? <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian			
Upon whom is your residency based:		<input type="checkbox"/> Self	<input type="checkbox"/> Parent or legal guardian
If Parent or legal guardian, please provide name:			
If parent or legal guardian, will this person claim you as dependent for the current tax year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
The person on whom your residency is based is: _____			
Answer all remaining residency questions below for person named here			

Is the person on whom your residency is based a U.S. citizen? If no, is the individual a Resident Alien? If yes, Resident Alien card must be presented to the Admissions and Records office If no, list current visa status:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
Is the person on whom your residency is based a Texas Resident? If no, list state of residence:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the person on whom your residency is based currently live in Texas? If yes, what is the individual's main purpose for being in Texas? <input type="checkbox"/> Go to College <input type="checkbox"/> Establish/Maintain a home <input type="checkbox"/> Work Assignment If no, and individual is a Texas resident – please explain in Part E	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long has the person on whom your residency is based resided in Texas?: _____ Years _____ Months	<input type="checkbox"/> Not applicable	
How long has the person on whom your residency is based resided in Temple?: _____ Years _____ Months	<input type="checkbox"/> Not applicable	
How long has the person on whom your residency is based resided in Hutto?: _____ Years _____ Months	<input type="checkbox"/> Not applicable	
Is the person on whom your residency is based a member U.S. Armed Forces? If yes, what is their listed home of record? If home of record is not Texas, is this individual in Texas due to military orders? If yes, you may be required to submit documentation of assignment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No
Does the person on whom your residency is based hold title to real property in Texas? If yes, what city is the property located? If yes, date acquired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the person on whom your residency is based own a business in Texas? If yes, what city is the business located? If yes, date acquired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Part E: Residency comments:		
Please provide any information you feel is pertinent to your residency status:		
Part F: Student Signature: Application must be signed by student		
I certify that the information contained in this application is complete and correct to the best of my knowledge. I agree to notify the proper officials of the institution of any changes in the information provided. If my application is accepted, I agree to abide by the policies, rules and regulations of the college regarding conduct and other obligations. I authorize Temple College to verify the information that I have provided. I further understand that this information will be relied upon by college officials in determining my admission and residence status for tuition purposes and that submission of false information is grounds for rejection of my application, withdrawal of an offer of acceptance, cancellation of enrollment, and/or disciplinary action.		
Furthermore, I have listed all colleges and universities previously attended on this application. I understand that I must furnish an OFFICIAL copy of my transcript from each college, university and/or high school attended to the Temple College Admissions and Records Office prior to the first semester of enrollment at Temple College.		
_____		_____
Signature of applicant		Date

Please Mail or fax completed application to:

Temple College
Office of Admissions and Records
2600 South First Street
Temple, TX 76504-7435
Or Fax (254) 298-8288

Part F: Selection of Area of Study / Major

Level 1 Certificate Program: Assessment Test Waived

Business Certificates:

- Administrative Assistant
- Office Management
- Management
- Small Business Management

Child Development Certificates:

- Childhood Development / Early Childhood
- Child Development Administration

Computer Aided Design Certificate

Computer Science Certificates:

- Computer Application Specialist
- Computer Applications Technology
- Computer Repair Technician
- Database Specialist
- Computer Software Development
- Network Administration
- Security Option

Geographic Information Systems Certificate

Health Professions Certificates:

- Emergency Medical Technician – Intermediate
- Surgical Technology*
- Vocational Nursing*

Level 2 Certificate Programs: Assessment Test Required

- Paramedic
- Web Technology

Associate of Arts - Academic and Transfer: Assessment Test Required

- Art
- Biology
- Business
- Chemistry
- Child Development
- Computer Science
- Criminal Justice
- Drama/Theatre
- Education
- English
- General Studies
- History
- Mathematics
- Music

- Physical Education
- Pre-Law
- Pre-Medicine
- Psychology
- Sociology
- Speech

Associate of Arts in Teaching

Associate of Applied Science - Technical: Assessment Test Required

Associate of Applied Sciences in Business:

- General Business
- Management

Associate of Applied Science in Child Development

Associate of Applied Science in Computer Aided Design (CAD)

Associate of Applied Sciences in Computer Science:

- Computer Applications Technology
- Computer Repair Technician Option
- Computer Software Development
- Network Administration Option
- Web Technology

Associate of Applied Sciences in Criminal Justice

Associate of Applied Sciences in Health Professions:

Competitive Admissions

- Biotechnology*
- Dental Hygiene*
- Diagnostic Medical Sonography*
- Emergency Medical Services*
- Nursing (ADN)*
- Nursing/Bridging (LVN to ADN)*
- Respiratory Therapy*

General Studies

Enhanced Skills Certificate: Assessment Test and Associate of Science Degree Required & Competitive Admissions

- Biotechnology*
- Diagnostic Medical Sonography*

General Studies

* Applicants must additionally apply to the appropriate department. Please visit the Temple College website for more program information; www.templejc.edu.

* Competitive admissions programs. Student programs of study will reflect General Studies until official acceptance into program.