



Application for Admission

CENTRAL TEXAS COLLEGE DISTRICT DOES NOT DISCRIMINATE IN ADMISSIONS OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN ITS PROGRAMS AND ACTIVITIES ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, DISABILITY, AGE OR VETERAN STATUS

Application must be printed in ink, please complete all questions.

BIOGRAPHICAL INFORMATION

Last Name	First Name	Middle Name	Suffix
Social Security No. ____-____-____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth mm / dd / yyyy	
Other Names	First	Middle	Last
1.			
2.			
3.			
Citizenship – Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Birth: City	State	Country
<i>Please provide the following race/ethnic data. This information is requested on a voluntary basis by the U.S. Department of Education. (This information will not affect your admission to the college.) Check all that apply:</i>			
Ethnicity: Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Race: Please select the racial category or categories with which you most closely identify. Check as many as apply. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			

CONTACT INFORMATION

Current Address <i>(Where you physically reside)</i>	Permanent Address <i>(home of record)</i>
Street Address Line 1	Is your permanent address the same as your current physical address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, complete Permanent Address below)</i>
Street Address Line 2	Street Address Line 1
City State Zip Code	Street Address Line 2
County Country	City State Zip Code
How long have you lived at this address? _____years _____months	County Country
Mailing Address <i>(Where you wish to receive mail if different from above. If neither, complete Mailing Address)</i>	
Is your mailing address the same as your current or permanent address, or neither? <input type="checkbox"/> Current Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Neither	
Street Address Line 1	Street Address Line 2
City State Zip Code Country	
Phone & Email	
Cell Phone (____)____-____	Residence Phone (____)____-____
Work Phone (____)____-____	DSN or International Phone ____-____-____
Primary Email <i>(Mandatory)</i>	Secondary Email
Emergency Contact Information	
First Name Last Name	Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Other
Daytime Phone (____)____-____	Other Phone (____)____-____

ADDITIONAL INFORMATION	
Is English your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you participating in your school's Fast Track 2 Central Texas College Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate father or legal guardian's highest educational background level: <input type="checkbox"/> No high school <input type="checkbox"/> Some high school <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Some college <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate/Professional Degree <input type="checkbox"/> Unknown	Indicate mother or legal guardian's highest educational background level: <input type="checkbox"/> No high school <input type="checkbox"/> Some high school <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Some college <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate/Professional Degree <input type="checkbox"/> Unknown

CITIZENSHIP BACKGROUND		
Country of Citizenship	Do you hold Permanent Residence status (valid I-551) for the U.S.? (attach copy) <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Date mm / dd /yyyy
Alien Number A _____	If you are not a U.S. citizen or permanent resident, do you have an application for permanent residence (form I-485) pending with the U.S. Citizenship and Immigration Services (USCIS)? (attach copy) <input type="checkbox"/> Yes <input type="checkbox"/> No	

ENROLLMENT INFORMATION		
Term Expected to Enter <input type="checkbox"/> Fall (Aug-Dec) <input type="checkbox"/> Spring (Jan-Apr) <input type="checkbox"/> Summer I (May) <input type="checkbox"/> Summer II (June-July) Year: _____	Basis of Admission <input type="checkbox"/> Course for College Credit <input type="checkbox"/> Non-Credit Course Work <input type="checkbox"/> API- Adult HS Diploma Program	Campus <input type="checkbox"/> Main Campus (Killeen) <input type="checkbox"/> Fort Hood Campus <input type="checkbox"/> Texas Service Areas <input type="checkbox"/> Continental U.S. <input type="checkbox"/> Europe <input type="checkbox"/> Pacific Far East <input type="checkbox"/> Navy <input type="checkbox"/> Other
Service Area/Location _____	To which location do you closely reside? <input type="checkbox"/> In Texas <input type="checkbox"/> Outside Texas	Method of Instruction <input type="checkbox"/> Online <input type="checkbox"/> Face to Face <input type="checkbox"/> Both (Online and Face to Face)
Select the option that is most appropriate for attending Central Texas College. <input type="checkbox"/> American Preparatory Institute <input type="checkbox"/> High School Dual Credit/Early Admission <input type="checkbox"/> General Educational Dev (GED) <input type="checkbox"/> High School Diploma <input type="checkbox"/> Individual Approval <input type="checkbox"/> International Student <input type="checkbox"/> No HSD/GED-Noncredit Use Only <input type="checkbox"/> Transfer Student <input type="checkbox"/> Transient Student	Education Level <input type="checkbox"/> Freshman, less than 30 semester hours <input type="checkbox"/> Sophomore, 30-72 semester hours <input type="checkbox"/> Associate Degree earned <input type="checkbox"/> Bachelor degree or above earned <input type="checkbox"/> Other, 73 or more semester hours, but no degree earned	Educational Goal <input type="checkbox"/> Earned Associate Degree (2 years) <input type="checkbox"/> Earned Certificate of Completion (less than 2 years) <input type="checkbox"/> Earn College Transfer Credit <input type="checkbox"/> Earn Dual Credit or Early Admission Course Work <input type="checkbox"/> To Get A New or Better Job/Improve Job Skills <input type="checkbox"/> Personal Enrichment <input type="checkbox"/> Earn High School Diploma (API)/Transfer Credit
	Program of Study	

MILITARY INFORMATION	
Military Information- Self	
Do you have military affiliation based on yourself? Select all that apply: <input type="checkbox"/> No Affiliation <input type="checkbox"/> Active Duty Service Member <input type="checkbox"/> Active Reserve <input type="checkbox"/> Reserve <input type="checkbox"/> Prior Military <input type="checkbox"/> Retired	
Branch of Service: <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard	
Military Pay Grade:	Military Installation -If Active Duty, Active Reserve, Reserve. State:
If prior/retired military, please provide date of separation: State of separation: mm / dd / yyyy	

Military Information- Family Member		
Are you a family member of? <input type="checkbox"/> Current Military <input type="checkbox"/> Prior Military <input type="checkbox"/> Neither		
Select which status applies to you: Spouse of: <input type="checkbox"/> Active Duty Member <input type="checkbox"/> Active Reserve Member <input type="checkbox"/> Retired Member <input type="checkbox"/> Prior Military Member Child of: <input type="checkbox"/> Active Duty Member <input type="checkbox"/> Active Reserve Member <input type="checkbox"/> Retired Member <input type="checkbox"/> Prior Military Member <input type="checkbox"/> Other		
Branch of Service: <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard		
Military Pay Grade:	Military Installation - <i>If Active Duty, Active Reserve, Reserve.</i>	State:
If prior/retired military, please provide date of separation: mm / dd / yyyy		State of separation:

EDUCATION

High School/GED				
What is your high school status? <input type="checkbox"/> High School graduate <input type="checkbox"/> GED Completion <input type="checkbox"/> Current High School Student <input type="checkbox"/> Other				
Did you graduate or will you graduate from a Texas high school or complete a GED in Texas prior to the term for which you are applying?*				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
High School Education <input type="checkbox"/> High School in Texas <input type="checkbox"/> Home School in Texas <input type="checkbox"/> Home School Outside of Texas <input type="checkbox"/> High School Outside of Texas <input type="checkbox"/> High School Online <input type="checkbox"/> High School Foreign				
High School Name	City	State/Country		
Date graduated or expected to graduate? mm / dd / yyyy				
If you did not graduate, date completed GED: mm / dd / yyyy			In what state did you receive your GED?	
College/University Name	City	State/Country	Dates Attended (From/To) mm-yyyy / mm-yyyy	Degree Earned
Institution 1			_____/_____ _____	<input type="checkbox"/> No Degree Earned <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree or Above
Institution 2			_____/_____ _____	<input type="checkbox"/> No Degree Earned <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree or Above
Institution 3			_____/_____ _____	<input type="checkbox"/> No Degree Earned <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree or Above
Institution 4			_____/_____ _____	<input type="checkbox"/> No Degree Earned <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree or Above
Institution 5			_____/_____ _____	<input type="checkbox"/> No Degree Earned <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree or Above
Are you currently on academic probation or suspension from your last college attended? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (I have not attended a prior college or university.)				

RESIDENCY INFORMATION

During the 12 months prior to the term for which you are applying, did you attend a public college or university in Texas (**excluding Central Texas College**) in a fall or spring term? Yes No

***If yes, complete the following section Residency- Prior Texas College.
If no, continue to Residency Claim.***

RESIDENCY- PRIOR TEXAS COLLEGE

What Texas public institution did you last attend? Institution Name	Term enrolled? <input type="checkbox"/> Fall (Aug-Dec) <input type="checkbox"/> Spring (Jan- Apr)	School Year
During your last semester at a Texas public institution, did you pay resident (in-state) or nonresident (out-of-state) tuition? <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident (out-of-state) <input type="checkbox"/> Unknown	If you paid in-state tuition at your last institution, was it because you were classified as a resident or because you were a nonresident who received a waiver? <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident with a waiver <input type="checkbox"/> Unknown	

RESIDENCY CLAIM

When you begin the semester for which you are applying, will you have lived in Texas for the previous 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you live or will you have lived in TX the 36 months leading up to high school graduation or completion of the GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a US Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you graduate or will you graduate from a Texas high school or complete a GED in Texas prior to the term for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No

***If you answered yes to all four questions above, continue to Certification of Residency to sign and date.
If you answered no to any of the four questions above, continue to Residency-Basis of Claim.***

RESIDENCY- BASIS OF CLAIM

Of what country or U.S. state are you a resident?	
If you are a US resident, do you file your own federal income tax as an independent tax payer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are a US resident, are you claimed as a dependent or are you eligible to be claimed as a dependent by a parent or court-appointed legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who provides the majority of your support? <input type="checkbox"/> Self <input type="checkbox"/> Parent or legal guardian <input type="checkbox"/> Other	If other, provide their relationship to you and an explanation:
<p><i>If selected 'Self' continue on to <u>Residency Based on Self</u>.</i></p> <p><i>If selected 'Parent or legal guardian' or 'Other' continue to <u>Residency Based on Parent or Legal Guardian</u>.</i></p>	

RESIDENCY BASED ON SELF

Are you a foreign national here with a visa? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide your visa type: _____	
Are you a foreign national here with a Refugee, Asylee, Parolee or here under Temporary Protective Status? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate your status: <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Parolee <input type="checkbox"/> Temporary Protective Status <input type="checkbox"/> None	
Do you currently live in Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you currently live in Texas, how long have you been living here? <input type="checkbox"/> 0-11 months <input type="checkbox"/> 12-15 months <input type="checkbox"/> 16 months or more
What is your purpose for being in the state? <input type="checkbox"/> Go to college <input type="checkbox"/> Establish/maintain a home <input type="checkbox"/> Work assignment <input type="checkbox"/> Other If other, provide explanation:	
If you are out of the state due to a temporary assignment by your employer or another temporary purpose, provide an explanation:	If you are a member of U.S. military, is Texas your Home of Record? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a title to residential real property in Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date acquired: mm / dd / yyyy	What state is listed as your military legal residence for tax purposes on your Leave and Earnings Statement for the 12 months prior to enrollment?
Do you have ownership interest and customarily manage a business in Texas without the intention of liquidation in the foreseeable future? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date acquired: mm / dd / yyyy	While living in Texas, have you been gainfully employed for a period of at least 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No
While living in Texas, have you received primary support through services from a social service agency for a period of at least 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If married, check all that apply: <input type="checkbox"/> Spouse holds title to residential real property in Texas. <input type="checkbox"/> Spouse has ownership interest and customarily manage a business in Texas without intention of liquidation in the foreseeable future. <input type="checkbox"/> Spouse has been gainfully employed for 12 consecutive months in Texas. <input type="checkbox"/> Spouse received primary support through services from a social service agency for 12 consecutive months.	How long have you been married to the Texas resident prior to enrollment? <input type="checkbox"/> 0-11 months <input type="checkbox"/> 12 months <input type="checkbox"/> 13 months or more

RESIDENCY BASED ON PARENT OR LEGAL GUARDIAN

Is the parent or legal guardian upon whom you base your claim of residency a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the parent or legal guardian upon whom you based your claim of residency a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this parent or legal guardian a foreign national whose application for Permanent Resident Status has been preliminarily reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this parent or legal guardian a foreign national here with a visa? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide visa type: _____
Is this parent or legal guardian a foreign national here with a Refugee, Asylee, Parolee or here under Temporary Protective Status? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, indicate which: <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Parolee <input type="checkbox"/> Temporary Protective Status <input type="checkbox"/> None	
Does this parent or legal guardian currently live in Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If he or she is out of the state due to a temporary assignment by his or her employer or another temporary purpose, provide an explanation. 	
If he or she is currently living in Texas, how long has he or she been living here? <input type="checkbox"/> 0-11 months <input type="checkbox"/> 12-15 months <input type="checkbox"/> 16 months or more	
What is your purpose for being in the state? <input type="checkbox"/> Go to college <input type="checkbox"/> Establish/maintain a home <input type="checkbox"/> Work assignment <input type="checkbox"/> Other If other, provide explanation: _____	
If he or she is a member of U.S. military, is Texas his or her Home of Record? <input type="checkbox"/> Yes <input type="checkbox"/> No	What state is listed as his or her military legal residence for tax purposes on his or her Leave and Earnings Statement for the 12 months prior to enrollment?
Does your parent or legal guardian hold a title to residential real property in Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, date acquired: mm / dd / yyyy	
Do they have ownership interest and customarily manage a business in Texas without the intention of liquidation in the foreseeable future? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, date acquired: mm / dd / yyyy	
While living in Texas, has your parent or legal guardian been gainfully employed for a period of at least 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No	While living in Texas, has your parent or legal guardian received primary support through services from a social service agency for a period of at least 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No
If parent or legal guardian is married, check all that apply: Spouse holds title to residential real property in Texas. <input type="checkbox"/> Spouse has ownership interest and customarily manage a business in Texas without intention of liquidation in the foreseeable future. <input type="checkbox"/> Spouse has been gainfully employed for 12 consecutive months in Texas. <input type="checkbox"/> Spouse received primary support through services from a social service agency for 12 consecutive months.	How long has your parent or legal guardian been married to the Texas resident prior to enrollment? <input type="checkbox"/> 0-11 months <input type="checkbox"/> 12 months <input type="checkbox"/> 13 months or more

RESIDENCY ADDITIONAL INFORMATION (Optional)

Please provide additional information that Central Texas College may need in order to determine your residency for tuition purposes. (Optional)

CERTIFICATION OF RESIDENCY. All Students Must Complete This Section

I understand that officials of my college/university will use the information submitted on this form to determine my status for residency eligibility. I authorize the college/university to verify the information I have provided. I agree to notify the proper officials of the institution of any changes in the information provided. I certify that that information on this application is complete and correct and I understand that the submission of false information is ground for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment and/or appropriate disciplinary action.

Upon application submission, residency is determined using the rules set out in the Texas Administrative Code Title 19, Part 1, Chapter 21, Subchapter B. The residency determinations are Texas resident (T), Non-Texas resident (N), or Unable to Determine (U). Exception codes are provided for applications with Unable to Determine status, and may be provided for applicants with Texas resident status, if the applicant needs to provide more information or verification of status. It is recommended that institutions verify this information.

Signature: _____ Date: _____

IMPORTANT INFORMATION FOR STUDENTS WHO DROP OR WITHDRAW FROM COURSES

Under Section 51.907 of the Texas Education Code, "an institution of higher education may not permit a student to drop more than six courses, including any course a transfer student has dropped at another institution of higher education." This statute was enacted by the State of Texas in Spring 2007 and applies to students who enroll in a public institution of higher education as first-time freshmen in Fall 2007 or later. Any course that a student drops is counted toward the six course limit if "(1) the student was able to drop the course without receiving a grade or incurring an academic penalty; (2) the student's transcript indicates or will indicate that the student was enrolled in the course; and (3) the student is not dropping the course in order to withdraw from the institution."

CERTIFICATION OF INFORMATION. All Students Must Complete This Section.

o Notification of Rights under the Family Educational Rights and Privacy Act (FERPA): Information collected about you through this application may be held by any institution of higher education to which you apply. With few exceptions, you are entitled on your request to be informed about the collected information. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to correct information held by an institution that is incorrect. You may correct information held by any institution to which you apply by contacting your institution. The information that is collected about you will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

o If my application is accepted, I agree to abide by the policies, rule and regulations at any college to which I am admitted. I certify that the information on this application is complete and correct and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment and/or appropriate disciplinary action. I understand that officials of my college will use the information submitted on this form to determine my status for residency eligibility. I authorize the college to verify the information I have provided. I also authorize the college to electronically access my records regarding the Texas Success Initiative. I agree to notify the proper officials of the institution of any changes in the information provided.

o CTC will charge the nonresident rate for any course attempted more than two times that cannot be submitted for formula funding. I certify that I have read and understand the college's Third Enrollment Attempt Policy.

o Students enrolling in CTC Texas locations and in-state distance learners, as well as those living outside of the state but paying Texas tuition rates are liable for meeting the Texas Success Initiative. Students may be exempt or waived from meeting TSI or may be required to take a placement test in order to meet compliance for TSI. A student's admittance is not conditional on the student's scores. CTC is an open admissions institution. I certify that I have read and understand the TSI requirement.

o I certify that I have read and understand the [New Requirements and Information about Bacterial Meningitis](#).

o I understand that I must opt out if I do not want CTC to request a college or military transcript on my behalf.

Signature: _____

Date: _____
(mm/dd/yyyy)

Financial Aid Information

You must apply for financial aid separately. You can apply online at www.fafsa.ed.gov. Contact the Institution's financial aid office directly for more information.

Non-Discrimination Clause

Admission to any of the Texas institutions of higher education and any of their sponsored programs is open to qualified individuals regardless of race, color, gender, religion, age, national origin, disability or veteran status.

Social Security Disclosure

Regulations governing the Federal student financial aid programs require schools to collect and confirm students' official social security numbers; and the Taxpayer Relief Act of 1997 compels postsecondary institutions to collect and use students' social security numbers to report tuition payments to the Internal Revenue Service each year. Your correct social security number is required to receive federal financial aid disbursements and an end-of-year 1098-T tax form for reporting tuition payments. If CTC does not receive or cannot confirm your social security number, CTC will not be able to provide these services to you. Although providing your social security number is not required for admission to the college, it is important for purposes of matching the identity of your application, grade transcript, test scores, and other related enrollment documents.

AFFIDAVIT

For students who are not a U. S. citizen or a permanent resident.

STATE OF TEXAS §
§
COUNTY OF _____ §

Before me, the undersigned Notary Public, on this day personally appeared _____,

known to me, who being by me duly sworn upon his/her oath, deposed and said:

1. My name is _____. I am _____ years of age and have personal knowledge of the facts stated herein, and they are all true and correct.
2. I graduated or will graduate from a Texas high school or received my GED certificate in Texas.
3. I have resided in Texas for the three years leading up to graduation from high school or receiving my GED certificate.
4. I have resided or will have resided in Texas for the 12 months prior to the census date of the semester in which I will enroll in _____ (college/university).
5. I have filed or will file an application to become a permanent resident at the earliest opportunity that I am eligible to do so.

In witness whereof, this _____ day of _____, _____.

(Signature)

(Printed Name)

(Student I.D. #)

SUBSCRIBED TO AND SWORN TO BEFORE ME, on the _____ day of _____, _____, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas