

# CLARENDON COLLEGE

## APPLICATION FOR ADMISSION



### *Personal Information*

1. Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_
2. Full, Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name
3. Other names that may appear on academic records: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_  
Month/Day/Year
5. Place of Birth: \_\_\_\_\_  
City State Country
6. \*Gender: Male  Female
7. \*Ethnic Background, check only one:  
 1. White - Non Hispanic  
 2. Black or African American  
 3. Hispanic or Latino or Spanish Origin of any race  
 4. Asian  
 5. Native Hawaiian or Other Pacific Islander  
 6. American Indian or Alaskan Native  
 7. Two or more races  
 8. Non-Resident Alien (of any race or ethnicity)  
 9. Race and Ethnicity unknown  
 10. International Student (check only if not U.S. Citizen)
- \*Optional (Required for federal and state reports)
8. Permanent Address: \_\_\_\_\_  
P.O. Box and/or Street Address  
\_\_\_\_\_  
City State Zip Country  
Permanent Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_
9. Current Address: \_\_\_\_\_  
P.O. Box and/or Street Address  
\_\_\_\_\_  
City State Zip Country  
Current Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_
10. Emergency Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_
11. E-Mail Address for Student: \_\_\_\_\_
- Driver's License # for Student: \_\_\_\_\_

[OFFICE USE ONLY: Library Card # for Student: \_\_\_\_\_]

# Educational Information

12. Major Field of Study (see back page) \_\_\_\_\_

13. Main objective for entering Clarendon College:
- \_\_\_\_\_ 1. Associate Degree
  - \_\_\_\_\_ 2. Certificate
  - \_\_\_\_\_ 3. Credits for transfer
  - \_\_\_\_\_ 4. \*Promotion or job change
  - \_\_\_\_\_ 5. \*Personal Development
14. Expected time to complete objective:
- \_\_\_\_\_ 1. One semester
  - \_\_\_\_\_ 2. Two semesters
  - \_\_\_\_\_ 3. More than 1 year but less than 2
  - \_\_\_\_\_ 4. Two years
  - \_\_\_\_\_ 5. Three or more years

\*This objective may not qualify student for federal financial aid.

15. Will you seek teacher certification? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Semester to enter Clarendon College: \_\_1.Fall \_\_2.Spring \_\_3.Summer I \_\_4.Summer II \_\_5. mini-session  
Year: \_\_\_\_\_

17. Basis on which seeking admission:
- \_\_\_\_\_ 1. High School Graduate
  - \_\_\_\_\_ 2. College Transfer
  - \_\_\_\_\_ 3. GED Certified
  - \_\_\_\_\_ 4. Individual Approval
  - \_\_\_\_\_ 5. Early Admissions Student
  - \_\_\_\_\_ 6. Re-entry to Clarendon College
18. Classification:
- \_\_\_\_\_ 0. Continuing Ed. Student
  - \_\_\_\_\_ 1. Freshman (less than 30 hours)
  - \_\_\_\_\_ 2. Sophomore (30 or more hours)
  - \_\_\_\_\_ 3. Unclassified (over 72 hours)
  - \_\_\_\_\_ 4. Associate Degree
  - \_\_\_\_\_ 5. Baccalaureate or Above

19. High School Attended: \_\_\_\_\_  
(Complete name of high school) City State  
Graduation Date: \_\_\_\_\_ or GED \_\_\_\_\_  
Month/Year Month/Year

20. Transfer students list all colleges previously attended: (please include all concurrent/dual credit enrollment)

Institution	City/State	Dates attended	GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. Are you currently on academic suspension from a college or university? \_\_\_\_Yes \_\_\_\_ No

## Admissions Test

22. THEA (Texas Higher Education Assessment)

Date taken or plan to take: \_\_\_\_\_ Exempt \_\_\_\_YES \_\_\_\_NO

Month/Year

If you are exempt from taking the THEA test are you exempt because of qualifying scores on the:

- \_\_\_\_\_ ACT
- \_\_\_\_\_ SAT
- \_\_\_\_\_ TAAS
- \_\_\_\_\_ TAKS

*The THEA Test is not used for admission purposes, but must be taken prior to enrollment in any college-level courses, unless you are exempt. Official proof of exemption must be provided prior to registration.*

## International Students – answer number 23

23. TOEFL - Date taken or plan to take (if your native language is not English): \_\_\_\_\_

# Residency Questions

OFFICE USE ONLY:

Tuition Code: \_\_\_\_\_

Residency Code: \_\_\_\_\_

## PART A. Student Basic Information. All Students must complete this section.

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## PART B. Previous Enrollment. For all students.

1. During the 12 months prior to the term for which you are applying, did you attend a public college or university in Texas in a fall or spring term? Yes \_\_\_ No \_\_\_ If you answered “no”, please continue to **Part C**. If you answered “yes”, complete questions 2-5:

2. What Texas public institution did you last attend? (Give full name, not just initials.) \_\_\_\_\_

3. In which terms were you last enrolled? (check all that apply) \_\_\_ fall, 200\_\_ \_\_\_ spring, 200\_\_

4. During your last semester at a Texas public institution, did you pay resident (in-state) or nonresident (out-of-state)?  
\_\_\_ resident (in-state) \_\_\_ nonresident (out-of-state) \_\_\_ unknown

5. 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? \_\_\_ resident \_\_\_ nonresident with a waiver \_\_\_ unknown

**IMPORTANT:** If you were enrolled at a Texas public institution during a fall or spring semester within the previous 12 months and were classified as a Texas resident, skip to Part I, sign and date this form and submit it to your institution. If you were not enrolled, or if you were enrolled but classified as a nonresident, proceed to Part C.

## PART C. Residency Claim.

Are you a resident of Texas? Yes\_\_\_ No \_\_\_

If you are a resident of Texas, complete the following two questions and continue to **Part D**.

Are you a resident of Donley County? Yes\_\_\_ No\_\_\_

If so, how long?\_\_\_\_\_ If not, what county are you a resident of?\_\_\_\_\_

If you are uncertain that you are a Texas resident, continue to **Part D**.

If you are not a resident of Texas, complete the following question and continue to **Part I**.

Of what state or country are you a resident? \_\_\_\_\_

## PART D. Acquisition of High School Diploma or GED.

	Yes	No
1. a. Did you graduate or will you graduate from high school or complete a GED in TX prior to the term for which you are applying?		
1. b. If you graduated or will graduate from high school, what was the name and city of the school?		
2. Did you live or will you have lived in TX the 36 months leading up to high school graduation or completion of the GED?		
3. When you begin the semester for which you are applying, will you have lived in TX for the previous 12 months?		
4. Are you a U.S. Citizen or Permanent Resident?		

Instructions to Part D.:

- ◆ If you answered “no” to question 1a or 2 or 3, continue to **Part E**.
- ◆ If you answered “yes” to all four questions, skip to **Part I**.
- ◆ If you answered “yes” to questions 1, 2 and 3, but “no” to question 4, complete a copy of the **Affidavit** in Chart III, provided as an Attachment to this form, skip to **Part I** of this form, and submit both this form and the affidavit to your institution.

**PART E. Basis of Claim to Residency. TO BE COMPLETED BY EVERYONE WHO DID NOT ANSWER “YES” TO QUESTIONS 1a, 2, AND 3 OF PART D.**

1. Do you file your own federal income tax as an independent tax payer? Yes \_\_\_ No \_\_\_
2. Are you claimed as a dependent or are you eligible to be claimed as a dependent by a parent or court-appointed legal guardian? Yes \_\_\_ No \_\_\_ (To be eligible to be claimed as a dependent, your parent or legal guardian must provide at least one half of your support. A step-parent does not qualify as a parent if he/she has not adopted the student.)
3. If you answered “No” to both questions above, who provides the majority of your support? Self \_\_\_ parent or guardian \_\_\_ other: (list) \_\_\_\_\_

*Instructions to Part E.*

- ◆ If you answered “yes” to question 1, continue to **Part F**.
- ◆ If you answered “yes” to question 2, skip to **Part G**.
- ◆ If you answered “no” to 1 and 2 and “self” to question 3, continue to **Part F**.
- ◆ If you answered “no” to 1 and 2 and “parent or guardian” to question 3, skip to **Part G**.
- ◆ If you answered “no” to 1 and 2 and “other” to question 3, skip to **Part H** and provide an explanation, and complete Part I.

**PART F. Questions for students who answered “Yes” to Question 1 or “Self” to Question 3 of PART E.**

	Yes	No	Years	Mo.	Visa/Status
1. Are you a U.S. Citizen?					
2. Are you a Permanent Resident of the U.S.?					
3. Are you a foreign national whose application for Permanent Resident Status has been preliminarily reviewed? (You should have received a fee/filing receipt or Notice of Action (I-797) from USCIS showing your I-485 has been reviewed and has not been rejected).					
4. Are you a foreign national here with a visa or are you a Refugee, Asylee, Parolee or here under Temporary Protective Status? If so, indicate which.					
5. Do you currently live in Texas? If you are out of state due to a temporary assignment by your employer or other temporary purpose, please explain in Part H.	Yes	No			
6. a. If you currently live in Texas, how long have you been living here?			Months	Years	
b. What is your main purpose for being in the state? If for reasons other than those listed, give an explanation in Section H.	Go to College [ ]		Establish/maintain a home [ ]		Work Assignment [ ]
7. 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 and Earnings Statement?	State				

	Yes	No
8. Do any of the following apply to you? (Check all that apply)		
a. Hold the title to real property (home, land) in Texas? If yes, date acquired: _____		
b. Own a business in Texas? If yes, date acquired: _____		
c. Hold a state or local license to conduct a business or practice a profession in TX? If yes, date acquired: _____		

9. While living in Texas, have you: (Check all that apply)	a. been gainfully employed for at least a consecutive 12-month period?		
	b. received services from a social service agency that provides services to homeless persons for at least a consecutive 12-month period?		
10. a. Are you married to a person who could answer “yes” to any part of question 8 or 9?			
	b. If yes, indicate which question could be answered yes by your spouse:	Question:	
	c. How long have you been married to the Texas resident?	Months	Years

Skip **Part G** and Continue to **Part H**.

**PART G. Questions for students who answered “Parent” or “Legal Guardian” to Question 3 of PART E.**

	Yes	No	Years	Mo.	Visa/Status
1. Is the parent or legal guardian upon whom you base your claim of residency a U.S. citizen?					
2. Is the parent or legal guardian upon whom you base your claim of residency a Permanent Resident?					
3. Is this parent or legal guardian a foreign national whose application for Permanent Resident Status has been preliminarily reviewed? (He or she should have received a fee/filing receipt or Notice of Action (I-797) from the USCIS showing his or her I-485 has been reviewed and has not been rejected)					
4. Is this parent or legal guardian a foreign national here with a visa or a Refugee, Asylee, Parolee or here under Temporary Protective Status? If so, indicate which.					
5. Does this parent or legal guardian currently live in Texas? If he or she is out of state due to a temporary assignment by his/her employer or other temporary purpose, please explain in Part H.					
6. a. If he or she is currently living in Texas, how long has he or she been living here?			Months	Years	
	b. What is your parent’s or legal guardian’s main purpose for being in the state? If for reasons other than those listed, give an explanation in Section H.	Go to College [ ]	Establish/maintain a home [ ]	Work Assignment [ ]	
7. If he or she is a member of the U.S. military, is Texas his or her Home of Record? What state is listed as his or her military legal residence for tax purposes on his or her Leave and Earnings Statement?					
		State			

	Yes	No
8. Do any of the following apply to your parent or guardian? (Check all that apply)		
a. Hold the title to real property (home, land) in Texas? If yes, date acquired: _____		
b. Own a business in Texas? If yes, date acquired: _____		
c. Hold a state or local license to conduct a business or practice a profession in TX? If yes, date acquired: _____		
9. While living in Texas, has your parent or guardian: (Check all that apply)		
a. been gainfully employed for at least a consecutive 12-month period?		
b. received services from a social service agency that provides services to homeless persons for at least a consecutive 12-month period?		
10. a. Is your parent or legal guardian married to a person who could answer "yes" to any part of question 8 or 9?		
b. If yes, indicate which question could be answered yes by your parent or guardian's spouse:	Question:	
c. How long has your parent or guardian been married to the Texas resident?	Months	Years

**Part H. General Comments. Is there any additional information that you believe your college should know in evaluating your eligibility to be classified as a resident? If so, please provide it below:**

**PART I. 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 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ***Important Information about Bacterial Meningitis***

This information is being provided to all new college students in the state of Texas. Bacterial Meningitis is a serious, potentially deadly disease that can progress extremely fast – so take utmost caution. It is an inflammation of the membranes that surround the brain and spinal cord. The bacteria that causes meningitis can also infect the blood. This disease strikes about 3,000 Americans each year, including 100-125 on college campuses, leading to 5-15 deaths among college students every year. There is a treatment, but those who survive may develop severe health problems or disabilities.

## **WHAT ARE THE SYMPTOMS?**

- High fever, severe headache, rash or purple patches on skin, vomiting, light sensitivity, stiff neck, confusion and sleepiness, nausea, lethargy, seizures. There may be a rash of tiny, red-purple spots caused by bleeding under the skin. These can occur anywhere on the body.

*The more symptoms, the higher the risk, so when these symptoms appear seek immediate medical attention.*

## **HOW IS BACTERIAL MENINGITIS DIAGNOSED?**

Diagnosis is made by a medical provider and is usually based on a combination of clinical symptoms and laboratory results from spinal fluid and blood tests.

**Early diagnosis and treatment can greatly improve the likelihood of recovery.**

## **HOW IS THE DISEASE TRANSMITTED?**

The disease is transmitted when people exchange saliva (such as by kissing, or by sharing drinking containers, utensils, cigarettes, toothbrushes, etc.) or come in contact with respiratory or throat secretions.

## **HOW DO YOU INCREASE YOUR RISK OF GETTING BACTERIAL MENINGITIS?**

- Exposure to saliva by sharing cigarettes, water bottles, eating utensils, food, kissing, etc.
- Living in close conditions (such as sharing a room/suite in a dorm or group home).

## **WHAT ARE THE POSSIBLE CONSEQUENCES OF THE DISEASE?**

- Death (*in 8 to 24 hours from perfectly well to dead*), Permanent brain damage, kidney failure, learning disability, hearing loss, blindness, limb damage (fingers, toes, arms, legs) that requires amputation, gangrene, coma, convulsions

## **CAN THE DISEASE BE TREATED?**

- Antibiotic treatment, if received early, can save lives and chances of recovery are increased. However, permanent disability or death can still occur.
- Vaccinations are available and should be considered for: Those living in close quarters, college students 25 years old or younger
- Vaccinations are effective against 4 of the 5 most common bacterial types that cause 70% of the disease in the U.S. (but does not protect against all types of meningitis). Vaccinations take 7-10 days to become effective, with protection lasting 3-5 years. The cost of vaccine varies, so check with your health care provider. Vaccination is very safe – most common side effects are redness and minor pain at injection site for up to two days.

## **HOW CAN I FIND OUT MORE INFORMATION?**

Contact your own health care provider. Contact your local or regional Department of Health office. Contact web sites: [www.cdc.gov/ncidod/dbmd/diseaseinfo](http://www.cdc.gov/ncidod/dbmd/diseaseinfo); [www.acha.org](http://www.acha.org)

## **REQUIREMENTS FOR VACCINATION:**

The 81st Texas Legislature (2009) requires all first-time students of an institution of higher education, including a transfer student, who resides in on-campus housing to show evidence of being immunized against bacterial meningitis. Texas Education Code, Section 51.9192, Subchapter Z, establishes the requirement for bacterial meningitis vaccination for certain students and identifies exemptions to that requirement. This subchapter applies only to first-time students or transfer students enrolling in public, private, or independent institutions of higher education on or after January 1, 2010, who plan to live in on-campus dormitories or other on-campus housing facilities. For more information on the Bacterial Meningitis Vaccination requirement please refer to the Housing Application or Housing Contract found on our web site, [www.clarendoncollege.edu](http://www.clarendoncollege.edu). You may also contact the Dean of Students at Clarendon College at 806-874-3571.

## **Failure to complete, sign and date this portion will result in your application review being delayed.**

I certify that the information in this application is complete and correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, rules and regulations at Clarendon College. I authorize the College to verify the information I have provided and understand that submission of false information is grounds for rejection of my application, cancellation of enrollment and/or disciplinary action.

I also authorize the College to access my THEA and/or Accuplacer Test results and acknowledge that I have received information regarding Bacterial Meningitis:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# *Major Field of Study*

AAGR	Agriculture, Agronomy	LIBA	Liberal Arts
AANS	Agriculture, Animal Science	MCOM	Mass Communication Studies
ABUS	Agricultural Business	MARK	Marketing
ACCT	Accounting	MATH	Mathematics
AECO	Agricultural Economics	MUSI	Music
AEQU	Agriculture, Equine Science	RNUR	Nursing (RN)
AGRI	Agricultural, General	VNSG	Nursing, Vocational (LVN)
ARCH	Architecture	OFFA	Office Technology (AAS)
ARTC	Art-Commercial/Computer	OFFC	Office Technology (Certificate)
ARTS	Art	PHED	Physical Education and Health
BIOL	Biology	PHYS	Physics
BUSI	Business Administration	PALH	Pre-Allied Health
CHEM	Chemistry	PDEN	Pre-Dentistry
CMTC	Computer Tech Entry Net Specialist (Cert)	PLAW	Pre-Law
CNAC	Computer Tech Networking Technician (Cert.)	PMED	Pre-Medicine
COSC	Computer Science CIS	PPHR	Pre-Pharmacy
CPMT	Computer Technology (AAS)	PTHE	Pre-Physical Therapy
CSME	Cosmetology (Cert.)	PVET	Pre-Veterinary Medicine
CRIJ	Criminal Justice	PSYC	Psychology
DRAM	Drama, Theatre	RFOA	Ranch and Feedlot Operations (AAS)
ECON	Economics	RFOC	Ranch and Feedlot Operations (Cert.)
EDUC	Education, General	RECR	Recreation and Leisure Services
EDEL	Education, Elementary	RELI	Religion/Theology
EDSE	Education, Secondary	SOCW	Social Work
EMMS	Emergency Medical Services	SOCI	Sociology
ENGR	Engineering	SPCH	Speech, Speech Communications
ENGL	English	WIND	Wind Technology
ENVS	Environmental Science	WLDG	Welding
FECE	Field of Study- Early Childhood Education	UNDC	Undecided, Undeclared
FMGT	Field of Study-Middle Grades Teacher Cert.	CORE	Core Curriculum
FINC	Finance		
FLNG	Foreign Languages		
GENS	General Studies		
GEOG	Geology		
GOVT	Government, Political Science		
HVAC	Heating, Ventilation and Air Conditioning (Cert.)		
HIST	History		
KINE	Kinesiology and Exercise Science		

Please return this application along with all high school and college transcripts to:

**Clarendon College  
Office of Admissions  
P.O. Box 968  
Clarendon, TX 79226**

## **COMPLIANCE STATEMENT**

Clarendon College does not discriminate on the basis of age, sex, color, national or ethnic origin, race, and/or disability in the administration of its educational policies, admission policies, scholarship and loan programs, employment practices, and athletic and other school administered programs.

# Registration Data Form

- Confidential information used for statistical and funding purposes only, and to provide information required by the federal government.
- Students who meet certain criteria may be eligible for some form of extra assistance while attending school, such as tutoring, academic supplies, subsidies for childcare and transportation, testing, counseling, etc.

**Please check every category that applies to you**

- Yes     No    Was your high school grade point average below a 2.0 ("C" average)?  
 Yes     No    Did you receive a GED?
- Yes     No    Are you eligible for some form of financial assistance, such as:  
\_\_\_\_\_ Pell Grant or other state grant  
\_\_\_\_\_ Aid To Families With Dependent Children (AFDC)  
\_\_\_\_\_ Food Stamps  
\_\_\_\_\_ Job Training Partnership Act (JTPA)  
\_\_\_\_\_ Other
- Yes     No    Are you impaired by a physical disability that limits one or more major life activity?  
Specify: \_\_\_\_\_  
 Yes     No    Are you impaired by a physical disability such as dyslexia, epilepsy, or other chronic health problem?  
Specify: \_\_\_\_\_
- Yes     No    Were you born in a county where the native language is a language other than English?  
 Yes     No    Are you a student who spoke a language other than English in your home as a child growing up?  
 Yes     No    Do you have difficulty understanding instructions in English?
- Yes     No    Are you enrolled in classes while incarcerated?
- Yes     No    Are you a male enrolling in nursing or secretarial science?  
 Yes     No    Are you a female enrolling in ranch and feedlot operations or electronics?
- Yes     No    Are you a homemaker who has cared for the home and/or family without pay and as a result needs training to enter the job market?
- Yes     No    Are you a single parent who is separated, divorced or widowed and who has separate or joint custody for one or more minor children?
- Yes     No    Are you a first generation college student (your parents do not have a two-year or four-year college degree)?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number