



Admissions Office
 PO Box 968
 Clarendon, Texas 79226
 (806) 874-3571

Dual Credit / Early Admission Application

INSTRUCTIONS: Please print or type. Failure to completely fill out the application could result in a delay in your admission. All documents submitted to the college become part of the official files and cannot be returned.

Part A: Student Background

Social Security Number: _____ -- _____ -- _____ Full, Legal Name: _____
 Last Name First Name Middle Name

Other names that may appear on academic records: _____ Date of Birth: _____
 Month/Day/Year

Place of Birth: _____ Gender: Male _____ Female _____
 City State Country

*Ethnic Background, check only one: *Optional (Required for federal and state reports)

- | | |
|--|---|
| <input type="checkbox"/> 1. White - Non Hispanic | <input type="checkbox"/> 2. Black or African American |
| <input type="checkbox"/> 3. Hispanic or Latino or Spanish Origin of any race | <input type="checkbox"/> 4. Asian |
| <input type="checkbox"/> 5. Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> 6. American Indian or Alaskan Native |
| <input type="checkbox"/> 7. Two or more races | <input type="checkbox"/> 8. Non-Resident Alien (of any race or ethnicity) |
| <input type="checkbox"/> 9. Race and Ethnicity unknown | <input type="checkbox"/> 10. International Student (check only if not U.S. Citizen) |

Permanent Address: _____
 P.O. Box and/or Street Address City State Zip Country

Permanent Phone: () _____ - _____

Current Address: _____
 P.O. Box and/or Street Address City State Zip Country

Current Phone: () _____ - _____

Emergency Contact Name: _____ Phone: () _____ E-Mail Address for Student: _____

Major Field of Study: _____

Main objective for entering Clarendon College:

1. Associate Degree 2. Certificate 3. Credits for transfer

Part B: Basis for Admission

Please admit me on the basis of : _____ Dual Credit _____ Early Admission

Semester to enter Clarendon College: ___ Fall ___ Spring ___ Summer I ___ Summer II ___ Mini-session Year: _____

High School Attending: _____
 (Complete name of high school) City State

Anticipated date of Graduation _____
 Month/Year

List all colleges previously attended: (please include all concurrent/dual credit enrollment) An official transcript is required from all institutions previously attended.

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

THEA (Texas Higher Education Assessment) *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.*

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

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? _____

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 2, skip to Part G.
- ◆ 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 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?	Yes	No			
	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

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: _____

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.