



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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:		First Name:	
		MI:	
Do not use nicknames or initials unless the initials constitute the complete name			
Other names used:			
*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
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, 2012 the Texas Legislature requires all first-time or transfer students who are 29 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 at least 10 days prior to the first day of the semester they initially attend TC.</small>			
Part B: Educational Data:			
Which semester do you plan on attending Temple College (circle one)?		FALL	SPRING
		SUMMER	Year:
Educational Goal:			
<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: _____ Major: _____	
Please refer to page 4 for a full list of degree programs			
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:	
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"/> 11 th grade TAKS 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:			
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 you answer "self" then you must file federal income taxes as an independent tax payer. If you answer "parent or legal guardian" then they must claim you as a dependent on their federal income taxes.			
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
☞ If yes, the person on whom your residency is based is parent or legal guardian			
☞ If no, the person on whom your residency is based is self			

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"/> Yes	<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"/> Yes	<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:		
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 during the first semester of enrollment at Temple College.		
Must be signed by student		
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
- Entertainment and Business Software Development
- Network Administration
- Security Option

Geographic Information Systems Certificate

Health Professions Certificates:

- Surgical Technology ~Apply for Pre-Surgical Tech*
- Vocational Nursing ~Apply for Pre-Nursing LVN*

Level 2 Certificate Programs: Assessment Test Required

- Emergency Medical Technician – Intermediate
- Paramedic
- Web Technology

Associate of Arts - Academic and Transfer: Assessment Test Required

- Art
- Business
- Child Development
- Computer Science
- Criminal Justice
- Drama/Theatre
- Economics
- Education
- English
- General Studies
- History
- Mathematics
- Music
- Philosophy
- Physical Education
- Political Science

- Psychology
- Sociology
- Spanish
- 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
- Entertainment & Business Software Development
- Network Administration Option
- Web Technology

Associate of Applied Sciences in Criminal Justice

Associate of Applied Science in Geographic Information Systems

Associate of Applied Sciences in Health Professions:

- Biotechnology ~Apply for Pre-Biotechnology*
- Dental Hygiene ~Apply for Pre-Dental Hygiene*
- Diagnostic Medical Sonography~Apply for Pre-DMS *
- Emergency Medical Services*
- Nursing (ADN) ~Apply for Pre-Nursing ADN*
- Nursing/Bridging (LVN to ADN)*
- Respiratory Therapy ~Apply for Pre-Respiratory Therapy*
- Radiologic Technician (Program offered in partnership with McLennan Community College)*

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

- Biotechnology
- Diagnostic Medical Sonography

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

*If you will be using Federal VA benefits, you will not be able to be certified for any “pre” program. It is suggested that you select General Studies to pursue the same “pre” requirements.



Important Information about Bacterial Meningitis

ATTENTION APPLICANTS:

Senate Bill 1107 of the 82nd Texas Legislature mandates that all students entering Temple College in the spring 2012 semester, under the age of 30 as of January 1, 2012 are required to show evidence (Certificate signed by a health practitioner or an official immunization record.) of having had a vaccination against bacterial meningitis within a five-year period immediately preceding the first day of the semester. All first-time at Temple College students, transfer students, and students who have taken a leave of absence from Temple College in either a fall or spring semester must show evidence of having received this vaccination. Proof of shot must be provided to Admissions and Records 10 days prior to the first day of the semester.

Acceptable Evidence of Vaccination Includes:

1. The month, day, and year the vaccination was administered, along with the signature or stamp of the physician or his/her designee, or public health personnel; or
2. An official immunization record generated from a state or local health authority; or
3. An official record received from school officials, including a record from another state.

A student, or a parent or guardian of a student, is not required to submit evidence of receiving the vaccination against bacterial meningitis if, under one of the following circumstances, the student or a parent or guardian of a student submits one of the following to the institution:

1. An affidavit or a certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, in which it is stated that, in the physician's opinion, the vaccination would be injurious to the health and well-being of the student; or

2. An affidavit signed by the student stating that the student declines the vaccination for bacterial meningitis for reasons of conscience, including a religious belief. A conscientious exemption form from the Texas Department of State Health Services can be found at:
<https://webds.dshs.state.tx.us/immco/affidavit.shtm>

These exceptions do not apply during a disaster or public health emergency, terrorist attack, hostile military or paramilitary action, or extraordinary law enforcement emergency declared by an appropriate official or authority from the Texas Department of State Health Services.

Please note: If a student has previously taken the vaccine, he/she must still follow acceptable evidence of vaccination above. The bacterial meningitis vaccine lasts for up to 5 years. A conscientious exemption form from the Texas Department of State Health Services is valid for 2 years.



What Are The Symptoms?

- High fever
- Severe headache
- Light sensitivity
- Vomiting
- Nausea
- Stiff neck
- Lethargy
- Seizures
- Confusion or sleepiness
- Rash or purple patches on skin

There may be a rash or 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 test.
- 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 8-24 hours from perfectly well to dead)
- Permanent brain damage
- Kidney Failure
- Learning Disability
- Hearing loss, blindness
- Limb Damage (fingers, toes, arms and legs) that require 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/or required for:
 - All new students under the age of 30 as of January 1, 2012.
- Vaccinations are effective against 4 of the 5 most common bacterial types that cause 70% of the diseases 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.
- Vaccination is available at your personal health care provider.

How Can I Find Out More Information?

- Contact your own health care provider
- Contact your local or regional Texas Department of Health office at (254) 778-6744.
- Contact web sites:
www.cdc.gov/ncidod/dbmd/diseaseinfo; www.acha.org