

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: _____
State Country

City

6. *Gender: Male Female

7. *Ethnic Background, check only one:

- 1. White - Non Hispanic
- 2. African American, Black
- 3. Hispanic or Latino
- 4. Asian or Pacific Islander
- 5. American Indian or Alaskan Native
- 6. 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: _____

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:

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

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? What state is listed as your military legal residence for tax purposes on your 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

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; www.acha.org

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	Health and Physical Education
BIOL	Biology	PHYS	Physics
BUSI	Business/Commerce, General	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
CRIJ	Criminal Justice	PVET	Pre-Veterinary Medicine
DRAM	Drama, Theatre	PSYC	Psychology
ECON	Economics	RFOA	Ranch and Feedlot Operations (AAS)
EDUC	Education, General	RFOC	Ranch and Feedlot Operations (Cert.)
EDEL	Education, Elementary	RECR	Recreation and Leisure Services
EDSE	Education, Secondary	RELI	Religion/Theology
EMMS	Emergency Medical Services	SOCW	Social Work
ENGR	Engineering	SOCI	Sociology
ENGL	English	SPCH	Speech, Speech Communications
ENVS	Environmental Science	UNDC	Undecided, Undeclared
FINC	Finance	CORE	Core Curriculum
FLNG	Foreign Languages	FECE	Field of Study- Early Childhood Education
GENS	General Studies	FMGT	Field of Study-Middle Grades Teacher Cert.
GEOG	Geology	FBUS	Field of Study-Business
GOVT	Government, Political Science	FMUS	Field of Study-Music
HIST	History	FCOS	Field of Study-Computer Science
KINE	Kinesiology and Exercise Science	FCRJ	Field of Study-Criminal Justice

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

1. Yes No Was your high school grade point average below a 2.0 ("C" average)?
- Yes No Did you receive a GED?
2. 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
3. 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: _____
4. 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?
5. Yes No Are you enrolled in classes while incarcerated?
6. 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?
7. 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?
8. 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?
9. 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