Dual Credit / Concurrent Enrollment
APPLICATION FOR ADMISSION

I am applying for the
- ☐ Fall Semester, 20_____
- ☐ Spring Semester, 20_____
- ☐ 1st Summer Term, 20_____
- ☐ 2nd Summer Term, 20_____

PERSONAL INFORMATION

FULL LEGAL NAME & PERMANENT ADDRESS:

Last Name | First Name | Middle Name or Initial

Street Address or P.O. Box

City | State | Zip Code

SOCIAL SECURITY NUMBER:

TELEPHONE NUMBER:

Area Code

OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS: _____

DATE OF BIRTH: Month | Day | Year

GENDER: ☐ Male ☐ Female

Are you a citizen of the United States? ☐ Yes ☐ No If not, what is your visa status? _____

Are you dependent of active duty military? ☐ Yes ☐ No

Legal Residence: (City) _____ (County) _____

ETHNIC BACKGROUND: Please indicate which of the following groups best describes your ethnic background. This information is for reporting purposes only and will not be used in any admission or scholarship decisions.

☐ American Indian or Alaskan Native ☐ African American, Black ☐ Asian or Pacific Islander ☐ Hispanic or Latino ☐ White (Non-Hispanic)

Person to notify in case of an emergency: _____

Emergency telephone number: _____

EDUCATIONAL INFORMATION

CURRENT HIGH SCHOOL: _____ Expected Year of Graduation: _____

Name of High School | City

Have you taken the ACT? ☐ Yes ☐ No Date taken or planned _____ Have you requested your scores be sent to ASU? ☐ Yes ☐ No

Have you taken the SAT? ☐ Yes ☐ No Date taken or planned _____ Have you requested your scores be sent to ASU? ☐ Yes ☐ No

Have you taken a TSI Assessment? ☐ Yes ☐ No Date taken or planned _____ Have you requested your scores be sent to ASU? ☐ Yes ☐ No

CERTIFICATION/AUTHORIZATION STATEMENT

I certify that this information 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 Angelo State University. I authorize the university to verify the information I have provided. I further understand that this information will be relied upon by the officials of the university in determining my admission and residence status for tuition purposes and that the submission of false information is grounds for rejection of my application, withdrawal of an offer of acceptance, cancellation of enrollment, and/or disciplinary action. I also authorize the university to electronically access my Texas Success Initiative Assessment results.

_____

Signature | Date

No person shall be excluded from participation in, denied benefits of, or be subject to discrimination under any program or activity sponsored or conducted by Angelo State University, on any basis prohibited by applicable law, including but not limited to race, color, national origin, religion, sex, age, or handicap.