

Frank Phillips College
Concurrent Registration Information

ID: 000 -- ____ -- ____

TSI:
Transcripts:
Advisor:

NAME AND ADDRESS INFORMATION

1. Social Security Number: _____ 2. Date of Birth (Month/Day/Year): ____/____/____
3. E-mail address: _____
4. Full, Legal Name: _____
Last/Family First Middle Suffix(Jr. etc.)
5. Gender: ____ Male ____ Female 5. Place of Birth: _____
City State Country
6. Permanent Address: _____ Apt. _____ City _____
(Number and Street)
County: _____ State: _____ Zip: _____ Country: _____
Permanent Phone: (____) _____
7. Father's/Guardian's Name: _____ Mother's/Guardian's Name: _____
Father's Address: _____ Mother's Address: _____
City, State, Zip: _____ City, State, Zip: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____

EDUCATIONAL DATA

8. Expected Semester of Entry: ____ Year ____ Fall ____ Spring ____ Summer I ____ Summer II ____ Mini
9. What is your primary objective for attending Frank Phillips College? (check one)
____ Earn an associate degree with the intention of earning a baccalaureate degree at a university.
____ Take several classes in a structured program to acquire skills for immediate work application (certificate program).
10. Do you plan to pursue a pre-professional program? ____ Yes ____ No
(e.g., prelaw, medicine, nursing, veterinary, physical therapy)
11. Name of high school attending: _____ City: _____ State: _____
Grade Status: (please circle one) 11 12
12. Did you participate in a tech-prep program? ____ Yes ____ No

TEST INFORMATION

13. TESTS—Please arrange to have required scores sent to schools to which you apply.
ACT/SAT Date taken or plan to take _____
ACCUPLACER Date taken or plan to take _____
TAKS Date taken or plan to take _____
THEA* Date taken or plan to take _____ Exempt? ____ Yes ____ No
*Assessment Testing is not used for admission purposes, but must be taken prior to enrollment in college-level course(s). For information on the THEA test, please see *The Guide to Applying for Admission to a Texas Public University* in your counselor's office.

RESIDENCY INFORMATION (Please answer all questions; use n/a if the question does not apply to you.)

14. (a) Are you a U.S. Citizen? Yes No If No, of what country are you a citizen? _____
- (b) If not a citizen, do you hold Permanent Residence status (valid I-551) for the U.S.? Yes No
If yes, date permanent resident card* issued: _____ Number: _____
Please enclose a copy of both sides of the card.
15. Are you claiming Texas residence status for tuition purposes? Yes No
16. Upon whom are you basing your claim of residence status? Parent Legal Guardian
17. If your claim for residence status is based upon parent or legal guardian, please answer the following questions (if legal guardian, guardianship papers must be provided):
- (a) Name of person upon whom claim is based: _____
- (b) Relationship to self: Parent Legal Guardian
- (c) How long has this person resided in Texas? Years Months
- (d) Previous state or country of residence: _____
- (e) If this person came here within the past 5 years, why did this person move to Texas?
Education _____ Employment _____ Other (explain): _____
- (f) Is this person a U.S. citizen? Yes No If no, does this person hold a valid I-551 (Resident Alien) card? Yes No If Yes, attach a copy of the front and back of the card.
- (g) Has your parent or legal guardian claimed you as a dependent for U.S. Federal income tax purposes for the tax year preceding your registration? Yes No
- (h) Will this person claim you for the current tax year? Yes No

REQUIRED FOR ALL APPLICANTS

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

18. I certify that the information I have provided 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 any school to which I am admitted. I authorize the College to verify the information I have provided. I further understand that the information submitted herein will be relied upon by the officials of the College 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 acceptance, cancellation of enrollment, and/or disciplinary action. I authorize the College to electronically access my assessment test results.

Signature: _____ Date: _____

If you would like information regarding services available for students with disabilities, please contact the Office of Student Services, located in the Library Building, Room L-19, or at (806) 457-4200 ext. 721.