

TEXAS WOMAN'S UNIVERSITY

High School Advantage Application *for Concurrent/Dual Credit Enrollment*

P.O. Box 425589, Denton, TX 76204-5589 1-888-948-9984
E-mail: Admissions@twu.edu <http://www.twu.edu>

Applications must be accompanied by a \$30.00 nonrefundable application fee.

APPLICATION DEADLINE: Fall Semester: June 30; Spring Semester: December 1

NAME AND ADDRESS INFORMATION

Social Security Number: _____ - _____ - _____ Date of Birth (Month/Day/Year): ____/____/____

Full, Legal Name: _____
Last/ Family First Middle Suffix (Jr., etc.)

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

Ethnic group (for statistical purposes only): White, Non-Hispanic African-American, Black Hispanic
 Asian American or Pacific Islander Native American International

Permanent Address: _____ Apt # _____ City: _____

County: _____ State: _____ ZIP: _____ Country: _____

Permanent Phone: () _____ E-mail: _____

Current Address : _____ Apt # _____ City: _____
(If different from permanent address)

County: _____ State: _____ ZIP: _____ Country: _____

Current Phone (If different from permanent phone): () _____ E-mail: _____

Emergency Contact Name: _____ Relationship: _____

Phone: () _____ E-Mail Address: _____

EDUCATIONAL DATA

Please indicate semester of intended concurrent/dual credit enrollment: Fall 20__ Spring 20__ Summer 20__

High School Attending: _____
Name of High School City State

High school code: _____ (See counselor) Grade currently attending: 9 10 11 12

Overall GPA: _____ ****Please include an official copy of your current high school transcript.

List exact titles of courses to be completed during intended semester of concurrent/dual credit enrollment and the number of credits you will earn for each.

Course Name Credit/Unit Course Name Credit/Unit

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TEST INFORMATION

ACT: ___ English ___ Math ___ Composite Date taken or plan to take _____

SAT: ___ Verbal ___ Math ___ Combined Date taken or plan to take _____

TAAS: ___ Reading ___ Math ___ Writing Date taken or plan to take _____

TASP: ___ Reading ___ Math ___ Writing Date taken or plan to take _____

(TASP is not used for admission purposes, but must be taken prior to enrollment in any college-level course.)

If you are exempt from the TASP, are you exempt because of qualifying scores on the ACT? ___ SAT? ___ TAAS? ___

RESIDENCY INFORMATION

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.*REQUIRED FOR ALL APPLICANTS****Failure to complete, sign and date this portion will result in your application review being delayed.**

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 Texas Woman's University. I authorize the University to verify the information I have provided. I further understand that the information submitted herein 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 acceptance, cancellation of enrollment and/or disciplinary action. I authorize the University to electronically access my Texas Academic Skills Program test results.

Signature: _____
(Student)

Date: _____

School District Approval

The above-mentioned student currently maintains at least a B average and demonstrates the responsibilities necessary for enrollment into the listed course(s). By signing, I certify this student is approved to take the course(s) listed above and meets any and all prerequisites for acceptance into the course(s).

Signature: _____
(Principal or counselor)

Date: _____

Parental/ Guardian Approval

This student is responsible for the payment of all tuition, fees and books, and for providing his/her own transportation to the courses listed in the above section. We understand that the student must abide by all University rules and regulations.

Signature: _____
(Parent/guardian)

Date: _____