

# Application for Enrollment

**P.A.S.S. Program**  
(Providing Academic Support to Students)

Office Use Only:		
Semester Code: _____	Ranking Pts.: _____	
*TSI: COMPLETE	EXEMPT	WAIVED
EFC: _____	R _____	W _____ M _____

YEAR: \_\_\_\_\_ Semester:  Fall  Spring  Summer I  Summer II  Summer III

## Applicant Information

Full Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_  
*Last First M.I.*

\_\_\_\_\_ *Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone : ( ) \_\_\_\_\_ Phone : ( ) \_\_\_\_\_

Major: \_\_\_\_\_ (Circle one) CERT / AAS Date of Birth: \_\_\_\_\_ Gender:  Male  Female

GPA: \_\_\_\_\_ Active E-mail Address: \_\_\_\_\_

Have you tested for the THEA? YES  NO  Number of credit hours registered for upcoming semester? \_\_\_\_\_

Have you tested for Accuplacer? YES  NO

## Marital Status

Marital status:  Single  Married  Divorced  Separated  Common Law  
 Widowed  Single Parent  Single Expectant Mother  Displaced Homemaker

Do you have any children? YES  NO  Number of Children? \_\_\_\_\_

If yes, what are their ages? Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_ Child 3: \_\_\_\_\_ Child 4: \_\_\_\_\_ Child 5: \_\_\_\_\_

High School graduate? YES  NO  Other Degree or Certification: \_\_\_\_\_

Did your mother/father obtain a College Degree? YES  NO  Do you have a registered disability? YES  NO

What is your **PRIMARY LANGUAGE**? \_\_\_\_\_

Eligible for Financial Aid through STC?  YES  NO Year: \_\_\_\_\_ Fall Spring Summer I Summer II Summer III

Which Campus do you attend? PCN  NAH  TECH  STARR  MID-VALLEY

Are you currently employed?  YES  NO If yes, how many hours per week? \_\_\_\_\_

Employer: \_\_\_\_\_ Phone# : ( ) \_\_\_\_\_

## Disclaimer and Signature

*I certify that the above statements are true and correct to the best of my knowledge. I hereby authorize the P.A.S.S. program staff to secure financial and academic information necessary to determine my eligibility.*

**\*\*Eligibility does not necessarily guarantee assistance\*\***

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advising Specialist/Advisor Signature:    Date: \_\_\_\_\_

**Return Application to: STC, PASS Program, Pecan, Building K-2.200**



STATEMENT OF EQUAL OPPORTUNITY. No person shall be excluded from participation in, denied the benefits of, or subject to discrimination under any program or activity sponsored or conducted by South Texas College on the basis of race, color, national origin, religion, sex, age, veteran status, or disability. Individuals with disabilities requiring assistance to receive these services should contact disAbility Support Services at 872-2513.

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