

APPLICATION FOR EARLY ADMISSION

A non-refundable application fee (check, money order or credit card) must accompany this application.
U.S. citizen/permanent resident - \$42.00

UNDERGRADUATE MAJORS

LIBERAL ARTS AND BEHAVIORAL SCIENCES Bachelor of Arts Communications Speech Communication Journalism Telecommunications English French Spanish Fine Arts Art Music Theatre History Economics General Studies Administration Cultural Studies	Psychology Sociology Social Work Political Science Bachelor of Science Public Affairs Administration of Justice Dietetics Human Services and Consumer Sciences Child and Family Development Food and Nutrition SCHOOL OF BUSINESS Bachelor of Business Administration Accounting Finance Management Marketing	COLLEGE OF EDUCATION Bachelor of Science Interdisciplinary Studies Bilingual Education Early Childhood Education English Mathematics Reading Spanish Special Education Health Health I (Secondary Teaching) Health II (Non Teaching) Human Performance Human Performance I (All teaching levels) Human Performance II (Secondary Teaching)	PHARMACY AND HEALTH SCIENCES Entry Level Doctor of Pharmacy Environmental Health Health Administration Health Information Management Respiratory Therapy Medical Technology COLLEGE OF SCIENCE AND TECHNOLOGY Bachelor of Science Biology Comprehensive Pre-Medical, Pre-Dental, and Pre-Veterinary Pre-Optometry Pre-Physical Therapy Chemistry (ACS) American Chemical Society Approved Pre-Medical and Pre-Dental	Computer Science Physics Engineering Technology Biomedical Engineering Technology Civil Engineering Technology Electronics Engineering Technology Environmental Engineering Technology Industrial Technology Construction Technology Design Technology Automated Manufacturing Technology Mathematics Airway Science Airway Computer Science Airway Science Management
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Please type or print clearly

1. Expected date of enrollment _____ Fall Spring I Summer II Summer
2. Name _____ Social Security No. _____
Last First Middle
3. List other name(s) previously used _____ E-mail address _____ @ _____
4. Present mailing address _____
5. Length of time applicant resided at above address _____ Home phone () _____ Work phone () _____
6. Permanent home address _____
No. and Street City State Zip Code Country
7. Date of birth _____ Place of birth _____ Sex: M F
Month Day Year City State/Country
8. What will be your major at TSU? (Choose from the list) _____
9. Name of parent, legal guardian or relative who can be contacted in case of an emergency _____
Last First Middle
 Address _____ Phone () _____
No. and Street City State Zip Code
10. Indicate your ethnic identity below by checking the appropriate box. This information is optional and will be used for statistical purposes only.
 African-American/Black African Asian or Pacific Islander Hispanic White
 American Indian/Alaskan native Other _____
11. What high school you are attending? _____
Name City State
12. Your expected high school graduation date: _____
Month Year
13. Do you presently have a diploma? Yes No
14. SAT combined score: _____ ACT composite score: _____
15. Are you a U.S. citizen? Yes No State of legal residence _____
16. Do you hold permanent residence status for the U.S.? Yes No
17. If yes, date permanent card issued (attach copy) _____ Card number _____
18. Have you ever been convicted of a felony? Yes No If yes, please explain _____
19. Have you taken the Texas Assessment of Knowledge and Skills (TAKS) Test? Yes No
 If yes, bring personal copy of scores with you at registration.
20. When did you request your ACT / SAT be forwarded to Texas Southern University? Date _____

OATH OF RESIDENCY FOR THOSE CLAIMING TEXAS RESIDENCY ONLY

21. Are you claiming Texas residency for tuition purposes? Yes No
 If yes, upon whom are you basing claim for residency? Self Parent Legal guardian (Proof of guardianship must be provided)
22. If claim of residence is based on self, please answer the following questions:
 (a) How long have you resided in Texas? _____ Years _____ Months
 (b) Previous state or country of residence _____
 If you came here within the past 5 years, why did you move to Texas? Education Employment Other _____

23. If claim for residency is based upon parent or legal guardian, please answer the following questions:

- (a) Name of person upon whom claim is based _____
Last First Middle
- (b) Address of person upon whom claim is based _____
No. and Street City State Zip
- (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 _____
- (f) Is this person a U.S. citizen? Yes No
- (g) Has parent or legal guardian claimed you as a dependent for U.S. 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
- (i) Is your parent or legal guardian currently on active military duty assignment in Texas? Yes No
- (j) Was your parent or legal guardian a resident of Texas when he or she joined the military? Yes No

FURTHER DOCUMENTATION OF RESIDENCY MAY BE REQUIRED.

OPTIONAL INFORMATION

Although the information requested below is optional, including this information may assist your admittance. You are strongly encouraged to complete this section.

24. Please indicate the highest level of your parents' or legal guardian's educational background:

- | | | | |
|-----------------------|---|--|---|
| Father/legal guardian | <input type="checkbox"/> No high school | <input type="checkbox"/> Some high school | <input type="checkbox"/> High school diploma or GED |
| | <input type="checkbox"/> Some college | <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Graduate/Professional degree |
| Mother/legal guardian | <input type="checkbox"/> No high school | <input type="checkbox"/> Some high school | <input type="checkbox"/> High school diploma or GED |
| | <input type="checkbox"/> Some college | <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Graduate/Professional degree |

25. Please indicate, for the most recent tax year, your family's gross income. Include both untaxed and taxed income.

- Less than \$20,000
- \$20,000-\$39,000
- \$40,000-\$59,000
- \$60,000-\$79,000
- More than \$80,000

I understand that information submitted herein will be relied upon by university officials to determine my status for admission and residency eligibility. I authorize the 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 understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance and/or cancellation of enrollment from the university.

Signature _____ Date _____

Parents/Guardian signature _____ Date _____

Texas Southern University admits students without regard to their sex, disability, race, color, creed or national origin and entitles them to all the rights, privileges, programs and activities generally accorded to its students. Texas Southern University does not discriminate on the basis of race, color, national or ethnic origin or sex or against otherwise qualified disabled students in its admission, academic and other standards, nor for other financial aid, nor in the planning and administration of any of its academic programs.

APPLICATION FEE PAYMENT INFORMATION

Your application fee is for the: Year _____ Fall Semester Spring Semester Summer Session I Summer Session II

Name: _____ Social Security Number: _____
Last First Middle

(Optional: This will ensure your documents are matched and processed promptly.)

Please check method of payment:

Check or money order (Be sure to include your name and Social Security number on the check or money order enclosed with the application.)

Credit card: Visa Master Card Discover American Express

Account Number: _____ Expiration Date: _____

Name of Cardholder: _____ Cardholder Signature: _____

OFFICE USE ONLY

Exemption Approved _____ Exemption Denied _____

By _____ Date _____