

APPLICATION FOR ADMISSION

PLEASE PRINT USING DARK INK OR TYPE

Today's Date _____
(Month / Day / Year)

Referred by: _____

Admissions requested for (check all that apply)

- 1st Semester Freshman
- Transfer
- Junior
- Permanent Resident
- International
 - Currently in US, if checked list visa

Term you plan to enter SwCC:

- Fall Semester
- Spring Semester

Social Security# _____-_____-_____

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle I.) (Suffix- JR, etc.)

Other Names which may appear on Academic Records: _____

_____/_____/_____
Date of Birth City of Birth State/Country of Birth

Religious Preference: _____ Church you attend: _____

- Female Ethnicity (for statistical purposes only):
 - White
 - African-American
 - Male
 - Hispanic
 - Native American
 - Asian/Pacific Islander
 - Single
 - Married
 - Other _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ TX County (if applicable): _____

Permanent Phone (_____) _____ Email _____@_____

Emergency Contact: _____ Relationship: _____

Phone (Daytime): (_____) _____ (Evening): (_____) _____

Have you ever been suspended from an educational institution? Yes No
(If yes, please attached an explanation.)

Have you ever been convicted of a criminal offense other than a minor traffic violation? Yes No
(If yes, please attached an explanation.)

FAMILY INFORMATION

Father /Guardian: _____ Occupation: _____

Guardian /Mother: _____ Occupation: _____

Address: _____ City/State/Zip: _____
(if same as above write 'same')

Phone (Daytime): _____ (Evening): _____

EDUCATIONAL INFORMATION

Have you applied for admission to SwCC before? No Yes Date: _____

If you are reapplying to SwCC, give the date you last attended: _____
(Month/Day/Year)

Your reason for withdrawal: _____

Housing requirements: Dormitory Off-Campus

Your intended major (If undecided please write "Liberal Arts"): _____

EDUCATIONAL BACKGROUND

High School Attended: _____

High School Address: _____
(Street) (City) (State) (Zip)

Name of Counselor/College Advisor: _____ Telephone: (____) _____

Date of Graduation (or expected date): _____ Accumulative G.P.A. _____
(Month/Day/Year)

Class Rank: _____ out of _____

If you did not graduate from High School, do you have a GED? Yes No Date: _____

List all Colleges at which you have taken Courses for Credit:

College Name	City	State	From	To
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

High School or College Extracurricular, Personal and Volunteer Activities:

Honors and Outstanding Achievements:

To what other colleges are you applying?

SwCC ranks as your 1st Choice 2nd Choice 3rd Choice

My signature below indicates that all the information contained in my application is complete, factually correct, and honestly presented.

Signature: _____ Date: _____

Please be sure to complete a Free Application for Federal Student Aid @ www.fafsa.ed.gov