

Course Title

			Sectio	n A – Perso	onal Data				
Name:	Last								
	First	First			MI				
Houston Community College Student ID Number							Gender 🛛 Female 🛛 Male		
Date of Birth	_ · ·		_ (mm/dd/yyyy) E-	mail Address	i				
Contact Phone: _	/ _	· _		Cell Pho	ne:	/	•		
Address									
		Street Address		City	,	State		Zip Code	
			Sec	tion B – Etł	nnicity				
administration of c	civil rights laws an ed will be kept co	nd regulations.	In order to comply with nay only be used in acc	these laws, ordance with	students a	are invited to volunta sions of applicable la	rily self ident ws, executiv	eporting requirements for the ify their race or ethnicity. The re orders, and regulations. Whe d to evaluate your application.	
• •		-	panic or Latino □ Yes can □ Mexican □				an 🛛 Other	- Hispanic	
2. What is your rac □ American Indian			ck or African Americar	n 🗆 Native I	Hawaiian o	r Other Pacific Island	er 🗆 White	□ No Response	
3. Citizenship Stat	us: Are you a U	S Citizen? 🛛 Ye	es 🛛 No Country	of Citizenshi	р				
			Sec	tion C – Mi	litary				
Military Affiliations	s (Select one or m member of the U.3	ore) S. Armed Forces	/ou a disabled veteran' s □ Current/ former m ed veteran □ Depender	ember of the	National G				
			Sect	ion D - Resi	idency				
1. Have you lived i	n the State of Tex	as for the last 12	2 months? □ Yes □ No	, what is you	r previous	state of residence? _			
2. In what School I □ Houston □ Pearland □ Fort Bend	District do you cu □ Alief □ Spring □ Pasadena	rrently reside? □ Katy □ Stafford □ Aldine	□ Spring Branch □ Cypress-Fairbanks □ Galena Park	□ North	nelview Forest ate, if Othe	r			
3. In what county c □ Brazoria □ Fo	lo you currently r	eside?		Waller		te, if Other			
			Section	on E – Enro	llment				

Applicant Signature

Houston Community College System considers name, address, telephone, date of birth, degrees earned and dates, major field of study, dates of attendance, enrollment status, student classification and name of most recent previous institution attended, number of hours complete and in progress, directory information. This is done in compliance with the Texas Open Records Law. If you do not want this information released, please check this box. \Box

Section F – Signature

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 residency 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.

Start Date

Location

Date

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.

Days/Time

Class #

Amount