



NAVARRO COLLEGE

Corsicana • Waxahachie • Mexia • Midlothian

APPLICATION FOR ADMISSION

--- PLEASE PRINT IN BLACK INK---

www.navarrocollege.edu

Read and follow the instructions in **RED** below to complete your application for admission to Navarro College.

1. Type or print clearly and legibly, and answer every question to avoid a delay in processing your application. **Please complete and return all six pages.**
2. Submit all required OFFICIAL transcripts as soon as possible so we may complete your admissions file.
3. Submit proof of TSI status - either official THEA scores or an official college transcript showing THEA scores. Students cannot register for classes until their TSI status has been determined.

Personal Information

SOCIAL SECURITY	LAST NAME	FIRST NAME	MI	MAIDEN OR OTHER NAME	Length of time at this address
PERMANENT ADDRESS	STREET	APT. NO.	CITY	STATE ZIP CODE	

TELEPHONE NUMBER	MAILING ADDRESS-STREET ADDRESS <small>Complete only if different from PERMANENT ADDRESS</small>	APT. NO.	CITY	STATE	ZIP CODE
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GENDER FEMALE
 MALE

DATE OF BIRTH _____ E-MAIL ADDRESS _____

Please check the group you most identify with

***ETHNICITY:** WHITE NON-HISPANIC BLACK NON-HISPANIC HISPANIC
 ASIAN OR PACIFIC ISLANDER AMERICAN INDIAN OR ALASKAN NATIVE INTERNATIONAL

*Information requested concerning ethnicity is **voluntary** and will only be used in a nondiscriminatory manner, consistent with applicable civil right laws.

WHEN DO YOU PLAN TO ENROLL AT NAVARRO COLLEGE? _____

WHICH DEGREE PLAN DO YOU WISH TO FOLLOW AT NAVARRO COLLEGE? _____

*A listing of **Navarro College Major Codes** for degrees and certificates can be found on page 5 of this application. If a major is not selected, a **General Studies Major** will be assigned.*

EMERGENCY TELEPHONE NUMBER	EMERGENCY NAME
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Educational Information

PLEASE ADMIT ME ON THE BASIS OF: HIGH SCHOOL GRADUATE EARLY ADMISSIONS GED COMPLETION
 INDIVIDUAL APPROVAL COLLEGE TRANSFER CONCURRENT

LAST HIGH SCHOOL ATTENDED: _____

Name of School	City	State
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Did you graduate from high school? Yes No If Yes, give year of graduation _____ If No, give anticipated year of graduation _____

If not, did you earn a GED diploma? Yes No If Yes, date issued: _____ and state _____

Are you being Home Schooled? Yes No If Yes, anticipated month and year of graduation _____

I have requested a copy of my high school transcript be sent to Navarro College. Yes No

T R A N S C R I P T S	List all colleges attended, including Navarro College. Attach separate sheet, if necessary. List most recent first - Name, City and State	Dates Attended From MM/YY to MM/YY	Hours/Credits Earned	Degree, Certificates Received, if any	T R A N S C R I P T S	

Equal opportunity shall be afforded within the Navarro College system to all employees and applicants for admission or employment regardless of race, color, gender, religion, national origin, age or disability. Navarro College will make reasonable accommodations for persons with disabilities.



Core Residency Questions

Texas Higher Education Coordinating Board rule 21.731 requires each student applying to enroll at an institution to respond to a set of core residency questions for the purpose of determining the student's eligibility for classification as a resident.

PART A. Student Basic Information. All Students must complete this section.

Name: _____ Student ID Number: _____

Date of Birth: _____

PART B. Previous Enrollment. For all students.

1. During the 12 months prior to the term for which you are applying, did you attend a public college or university in Texas in a fall or spring term?
 Yes ___ No ___

If you answered "no", please continue to **Part C**.

If you answered "yes", complete questions 2-5:

2. What Texas public institution did you last attend? (Give full name, not just initials.) _____
3. In which terms were you last enrolled? (check all that apply)
 ___ fall, 200__ ___ spring, 200__
4. During your last semester at a Texas public institution, did you pay resident (in-state) or nonresident (out-of-state)?
 ___ resident (in-state) ___ nonresident (out-of-state) ___ unknown
5. If you paid in-state tuition at your last institution, was it because you were classified as a resident or because you were a nonresident who received a waiver?
 ___ resident ___ nonresident with a waiver ___ unknown

IMPORTANT: If you were enrolled at a Texas public institution during a fall or spring semester within the previous 12 months and were classified as a Texas resident, skip to Part I, sign and date this form and submit it to your institution. If you were not enrolled, or if you were enrolled but classified as a nonresident, proceed to Part C.

PART C. Residency Claim.

Are you a resident of Texas? Yes ___ No ___

If you answered **yes**, continue to **Part D**.

If you answered **no**, complete the following question and continue to **Part I**.

Of what state or country are you a resident? _____

If you are uncertain, continue to **Part D**.

PART D. Acquisition of High School Diploma or GED.

Instructions to Part D.:

.. If you answered "no" to question 1a or 2 or 3, continue to **Part E**.

.. If you answered "yes" to all four questions, skip to **Part I**.

.. If you answered "yes" to questions 1, 2 and 3, but "no" to question 4, complete a copy of the Affidavit in Chart III, provided as an Attachment to this form, skip to Part I of this form, and submit both this form and the affidavit to your institution.

	Yes	No
1. a. Did you graduate or will you graduate from high school or complete a GED in TX prior to the term for which you are applying?		
1. b. If you graduated or will graduate from high school, what was the name and city of the school? _____		
2. Did you live or will you have lived in TX the 36 months leading up to high school graduation or completion of the GED?		
3. When you begin the semester for which you are applying, will you have lived in TX for the previous 12 months?		
4. Are you a U.S. Citizen or Permanent Resident?		



Core Residency Questions

PART E. Basis of Claim to Residency. TO BE COMPLETED BY EVERYONE WHO DID NOT ANSWER "YES" TO QUESTIONS 1a, 2, AND 3 OF PART D.

Instructions to Part E.

- .. If you answered "yes" to question 1, continue to Part F.
- .. If you answered "yes" to question 2, skip to Part G.
- .. If you answered "no" to 1 and 2 and "self" to question 3, continue to Part F.
- .. If you answered "no" to 1 and 2 and "parent or guardian" to question 3, skip to Part G.
- .. If you answered "no" to 1 and 2 and "other" to question 3, skip to Part H and provide an explanation, and complete Part I.

1. Do you file your own federal income tax as an independent tax payer? Yes ___ No ___
2. Are you claimed as a dependent or are you eligible to be claimed as a dependent by a parent or court-appointed legal guardian? Yes ___ No ___
(To be eligible to be claimed as a dependent, your parent or legal guardian must provide at least one half of your support. A step-parent does not qualify as a parent if he/she has not adopted the student.)
3. If you answered "No" to both questions above, who provides the majority of your support?
Self ___ parent or guardian ___ other: (list) _____

PART F. Questions for students who answered "Yes" to Question 1 or "Self" to Question 3 of PART E.

	Yes	No	Years	Mo.	Visa/Status
1. Are you a U.S. Citizen?					
2. Are you a Permanent Resident of the U.S.?					
3. Are you a foreign national whose application for Permanent Resident Status has been preliminarily reviewed? <small>(You should have received a fee/filing receipt or Notice of Action (I-797) from USCIS showing your I-485 has been reviewed and has not been rejected).</small>					
4. Are you a foreign national here with a visa or are you a Refugee, Asylee, Parolee or here under Temporary Protective Status? If so, indicate which.					
5. Do you currently live in Texas? If you are out of state due to a temporary assignment by your employer or other temporary purpose, please explain in Part H .					
6. a. If you currently live in Texas, how long have you been living here?					
b. What is your main purpose for being in the state? If for reasons other than those listed, give an explanation in Section H.	Go to College []		Establish/maintain a home []		Work Assignment []
7. If you are a member of the U.S. military, is Texas your Home of Record?					
What state is listed as your military legal residence for tax purposes on your Leave and Earnings Statement?	State				

	Yes	No
8. Do any of the following apply to you? (Check all that apply)		
a. Hold the title to real property (home, land) in Texas? If yes, date acquired: _____		
b. Own a business in Texas? If yes, date acquired: _____		
c. Hold a state or local license to conduct a business or practice a profession in TX? If yes, date acquired: _____		
9. While living in Texas [For the past 12 months], have you: (Check all that apply)		
a. been gainfully employed [in TX] for at least a consecutive 12-month period?		
b. received services from a social service agency that provides services to homeless persons for at least a consecutive 12-month period?		
10. a. Are you married to a person who could answer "yes" to any part of question 8 or 9?		
b. If yes, indicate which question could be answered yes by your spouse:	Question:	
c. How long have you been married to the Texas resident?	Months	Years

Skip Part G and Continue to Part H.



Core Residency Questions

PART G. Questions for students who answered "Parent" or "Legal Guardian" to Question 3 of PART E.

	Yes	No	Years	Mo.	Visa/Status
1. Is the parent or legal guardian upon whom you base your claim of residency a U.S. citizen?					
2. Is the parent or legal guardian upon whom you base your claim of residency a Permanent Resident?					
3. Is this parent or legal guardian a foreign national whose application for Permanent Resident Status has been preliminarily reviewed? <small>(He or she should have received a fee/filing receipt or Notice of Action (I-797) from USCIS showing his or her I-485 has been reviewed and has not been rejected).</small>					
4. Is this parent or legal guardian a foreign national here with a visa or a Refugee, Asylee, Parolee or here under Temporary Protective Status? If so, indicate which.					
5. Does this parent or legal guardian currently live in Texas? If he or she is out of state due to a temporary assignment by his/her employer or other temporary purpose, please explain in Part H.					
6. a. If he or she is currently living in Texas, how long has he or she been living here?					
b. What is your parent's or legal guardian's main purpose for being in the state? If for reasons other than those listed, give an explanation in Section H.	Go to College []		Establish/maintain a home []		Work Assignment []
7. If he or she is a member of the U.S. military, is Texas his or her Home of Record? What state is listed as his or her military legal residence for tax purposes on his or her Leave and Earnings Statement?					
		State			

	Yes	No
8. Do any of the following apply to your parent or guardian? (Check all that apply)		
a. Hold the title to real property (home, land) in Texas? If yes, date acquired: _____		
b. Own a business in Texas? If yes, date acquired: _____		
c. Hold a state or local license to conduct a business or practice a profession in TX? If yes, date acquired: _____		
9. While living in Texas [For the past 12 months], has your parent or guardian: (Check all that apply)		
a. been gainfully employed [in TX] for at least a consecutive 12-month period?		
b. received services from a social service agency that provides services to homeless persons for at least a consecutive 12-month period?		
10. a. Is your parent or legal guardian married to a person who could answer "yes" to any part of question 8 or 9?		
b. If yes, indicate which question could be answered yes by your parent or guardian's spouse:	Question:	
c. How long has your parent or guardian been married to the Texas resident?	Months	Years

Part H. General Comments. Is there any additional information that you believe your college should know in evaluating your eligibility to be classified as a resident? If so, please provide it below:

PART I. Certification of Residency.

All students must complete this section.

I understand that officials of my college/university will use the information submitted on this form to determine my status for residency eligibility. I authorize the college/ 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 I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment and/or appropriate disciplinary action.

Signature: _____

Date: _____



Selection of Study Area / Major Code

Please select an area of study from one of the choices below. You will meet with an advisor who will work with you in selecting courses to fit specific degrees.

ACADEMIC & TRANSFER

Liberal Arts

- 001 Art
- 002 English
- 003 Foreign Language
- 004 Law Enforcement
- 005 Music
- 006 Speech
- 007 Theatre

Sciences

- 008 Agriculture
- 009 Agri-Business
- 010 Biology
- 011 Business
- 012 Chemistry
- 013 Computer Technology
- 014 Education (AAT)
- 015 Mathematics
- 016 Physical Education
- 017 Physics
- 018 Psychology
- 019 Sociology

Pre-Professional

- 020 Pre-Dentistry
- 021 Pre-Dental Hygiene
- 022 Pre-Engineering
- 023 Pre-Medicine
- 024 Pre-Nursing (BSN)
- 025 Pre-Pharmacy
- 026 Pre-Veterinary Science

General Studies

- 027 Associate of Arts
- 028 Associate of Science

CAREER & TECHNICAL

Ag-Tech

- 029 Ag-Tech
- 030 Diesel Engine Maintenance

Business

- 031 Accounting Certificate
- 032 Administrative Professional I
- 033 Administrative Professional II

034 Administrative Specialist for

- Mental Retardation Workers
- 035 Business Administration
- 036 Business Information Technology
- 037 Health Services Professional
- 038 Legal Assistant/Paralegal
- 039 Legal Office Professional
- 040 Medical Office Coding & Transcription
- 041 Medical Office Professional

Child Development

- 042 Child Development

Cosmetology

- 043 Cosmetology

Emergency Services

- 044 Criminal Justice
- 045 Fire Science Technology
- 046 Paramedic Certificate

Health Professions

- 047 Associate Degree Nursing
- 048 LVN/RN Bridge
- 049 Medical Lab Technology
- 050 Occupational Therapy
- 051 Patient Care Technology
- 052 RN to BSN Articulation
- 053 Vocational Nursing

Industrial Maintenance

- 054 Industrial Maintenance

Technology

- 055 Computer Science - Business
- 056 Computer Information Tech. (Programming)
- 057 Computer Information Tech. (App Support Tech)
- 058 Computer Science - Engineering & Scientific
- 059 Digital Gaming
- 060 Multimedia Technology

➔ MY STUDY AREA / MAJOR CODE IS _____.

EDUCATIONAL INTENT/OBJECTIVE:

- ASSOCIATE DEGREE BACHELOR DEGREE CERTIFICATE PROGRAM
 PERSONAL ENRICHMENT OTHER

Optional Admissions Survey Form and Statistical Information

This information is used in the general sense to help the college apply for Federal and State grants and other programs. Thank you for helping Navarro College qualify and to improve the educational environment. Please sign and date this form even if you do not provide the needed statistical information. Applicants and/or students will not be excluded from participation in or be denied the benefits of admission or attendance at Navarro College on the basis of the completion of this form, race, age, gender, national origin, or religion.

1. Please indicate your marital status:

- Single
- Married
- Divorced / Separated
- Widow / Widower

2. Please Check if Applicable:

- Single Parent w/custody or joint custody of child under 18
- Homemaker (Unemployed or Underemployed)
- Single and Pregnant

3. Student Support Service information:

Are you a first generation student?
(Neither parent received a 4-year degree) YES NO

4. My father's highest educational level is:

- less than 8th grade less than 12th grade completed High School or GED
- some college Bachelor's degree Graduate School

5. My mother's highest educational level is:

- less than 8th grade less than 12th grade completed High School or GED
- some college Bachelor's degree Graduate School

6. Do you require special services for:

- Physical Disability
- Learning Disability

If yes, you will be contacted by the Carl Perkins Career Center
Navarro College is an Equal Opportunity Institution

7. Tech-Prep Information:

Did you take Tech-Prep Courses in High School? YES NO

If you have any disabilities which require accommodation, please call 875-7444



IMPORTANT INFORMATION ABOUT BACTERIAL MENINGITIS

This information is being provided to all new college students in the State of Texas. Bacterial Meningitis is a serious, potentially deadly disease that can progress extremely fast -- so take utmost caution. It is an inflammation of the membranes that surround the brain and spinal cord. The bacteria that causes meningitis can also infect the blood. This disease strikes about 3,000 Americans each year, including 100-125 on college campuses, leading to 5-15 deaths among college students every year. There is a treatment, but those who survive may develop severe health problems or disabilities.

WHAT ARE THE SYMPTOMS?

- High fever
- Severe headache
- Rash or purple patches on skin
- Vomiting
- Light sensitivity
- Stiff Neck
- Confusion and sleepiness
- Nausea
- Lethargy
- Seizures

There may be a rash of tiny, red-purple spots caused by bleeding under the skin. These can occur anywhere on the body.

The more symptoms, the higher the risk, so when these symptoms appear seek immediate medical attention.

HOW IS BACTERIAL MENINGITIS DIAGNOSED?

- Diagnosis is made by a medical provider and is usually based on a combination of clinical symptoms and laboratory results from spinal fluid and blood tests.
- **Early diagnosis and treatment can greatly improve the likelihood of recovery.**

HOW IS THE DISEASE TRANSMITTED?

- The disease is transmitted when people exchange saliva (such as by kissing, or by sharing drinking containers, utensils, cigarettes, toothbrushes, etc.) or come in contact with respiratory or throat secretions.

HOW DO YOU INCREASE YOUR RISK OF GETTING BACTERIAL MENINGITIS?

- Exposure to saliva by sharing cigarettes, water bottles, eating utensils, food, kissing, etc.
- Living in close conditions (such as sharing a room/suite in a dorm or group home).

WHAT ARE THE POSSIBLE CONSEQUENCES OF THE DISEASE?

- Death (*in 8 to 24 hours from perfectly well to dead*)
- Permanent brain damage
- Kidney failure
- Learning disability
- Hearing loss, blindness
- Limb damage (fingers, toes, arms, legs) that requires amputation
- Gangrene
- Coma
- Convulsions

CAN THE DISEASE BE TREATED?

- Antibiotic treatment, if received early, can save lives and chances of recovery are increased. However, permanent disability or death can still occur.
- Vaccinations are available and should be considered for:
 - those living in close quarters,
 - college students 25 years old or younger.
- Vaccinations are effective against 4 of the 5 most common bacterial types that cause 70% of the disease in the U.S. (but does not protect against all types of meningitis).
- Vaccinations take 7-10 days to become effective, with protection lasting 3-5 years.
- The cost of vaccine varies, so check with your health care provider.
- Vaccination is very safe -- most common side effects are redness and minor pain at injection site for up to two days.
- Vaccination is available through local physicians.

HOW CAN I FIND OUT MORE INFORMATION?

- Contact your own health care provider.
- Contact your local or regional Texas Department of Health office at 618 N. Main St. (903) 874-6731
- Contact web sites: www.cdc.gov/ncidod/dbmd/diseaseinfo or www.acha.org