



# INDIVIDUAL APPROVAL EXCEPTIONAL ADMISSION

I, the undersigned applicant, hereby affirm that I am being admitted to this institution under the appropriate individual approval category upon completion of this document.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Student ID# or last 4 digits of SSN \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Mo Day Year

Your Student ID number or last 4 of your Social Security number are very important. Your records will remain confidential. Without one of these numbers we will not be able to match you with your test scores and transcript.

Check only one box certifying that you meet one of the Individual Approvals for admission:

- INDIVIDUAL APPROVAL A:**
- Students age 16 or older who are graduates from an unaccredited high school.
  - Students age 17 or older who are attending a course of instruction to prepare for the high school equivalency examination and who can present sufficient evidence indicating their capability to do college level work.
  - Students 17 or older who can present sufficient evidence indicating their capability do college level work.

**INDIVIDUAL APPROVAL B:**  
Dual enrollment students in the eleventh or twelfth grade who are currently attending a high school and do not have a diploma or GED.

**INDIVIDUAL APPROVAL C:**  
Dual enrollment students who have less that a junior year high school standing who demonstrate outstanding academic performance and capability.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### PARENT:

I affirm I am the parent or legal guardian of the above-named applicant and understand that my child is being admitted to this institution as either a category two or category three individual approval/ exceptional admission applicant and must meet the established admissions criteria.

Print Parent/Legal Guardian Name \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### HIGH SCHOOL:

As an official representative of the school named below, I authorize this applicant for admission to Texas State Technical College (TSTC) subject to meeting the specified admission requirements and/or any agreed upon conditions of enrollment between TSTC and this school.

School Name \_\_\_\_\_ School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Print School Representative's Name \_\_\_\_\_ Title \_\_\_\_\_

### TSTC OFFICIAL:

I affirm I am the designated TSTC official and have completed an information session with the above-named applicant and recommend the applicant for admission.

TSTC Official Signature \_\_\_\_\_ Date \_\_\_\_\_

Print TSTC Official's Name \_\_\_\_\_ Title \_\_\_\_\_