



# 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	Social Security Number

Your Social Security Number is very important. Your records will remain confidential. Without the Social Security Number we will not be able to match you with your test scores and transcript.

Check only one box:

- CATEGORY ONE (IA)**  
I am at least 17 years of age. I am not a high school graduate nor have I obtained my General Education Development (GED) certificate (applicant's signature required).
- CATEGORY TWO (IB)**  
I am age 16 or older and am currently attending a high school but have not yet obtained a high school diploma or GED (or) I am at least 16 years of age and have graduated from an unaccredited or home high school. I understand that I must achieve college-level scores in the areas of writing and/or reading and/or mathematics on an approved assessment instrument (applicant's and parent's/legal guardian's signatures required; school representative's signature required when applicable).
- CATEGORY THREE (IC)**  
I am age 16 and no longer attending high school (or) I am age 15 or younger. I understand that I must achieve college-level scores in the areas of writing, reading and mathematics on an approved assessment instrument; and I must complete an information session with a designated TSTC official (applicant's, parent's/legal guardian's and TSTC official's signatures required; school representative's signature required when applicable).

_____	_____
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.

_____	_____
Print TSTC Official's Name	TSTC Official Signature
_____	_____
	Title