

**COLLIN COUNTY COMMUNITY COLLEGE
ADDENDUM TO APPLICATION FOR ADMISSION***

Name _____ Student ID # _____ Term: _____
Last First

PLEASE ANSWER ALL QUESTIONS AND SIGN FORM AT BOTTOM
Educational History (An Official Transcript is required from the most recent institution attended)

Last high school attended: _____ City: _____ State _____

Date you graduated or will graduate: _____ (If you did not graduate, write "none")
Month/Year

If you did not graduate, do you have a GED? Yes No

If yes, date and place GED received: _____
Date State

Have you taken THEA? Alternative THEA?

If no, are you Exempt due to SAT ACT TAAS Other _____
Specify

LIST ALL PREVIOUS COLLEGES ATTENDED. (DO NOT LIST CCCC)

College Certificates	City/State	Dates attended	Credit Earned	Degrees or
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Are you currently on academic or disciplinary suspension? Yes No

If yes, name of school: _____

When are you eligible for re-admission? _____

Semester Year

Note: Submission of false or incomplete information is grounds for withdrawal of an offer of acceptance, rejection

ENROLLMENT PURPOSE:

- Earn a Certificate of Completion Earn an Associate Degree Transfer to a University Developmental Education
 Improve Job Skills Personal Enrichment English as a Second Language

I certify the above information is true and accurate.

Student Date

*With few exceptions, state law gives you the following rights regarding the information collected by CCCC about you: the right to request to be informed about the information; the right to receive and review the information; and the right to correct information about you that is incorrect.