



A NORTH HARRIS MONTGOMERY COMMUNITY COLLEGE
THE EARLY COLLEGE APPLICATION

Complete Legal Name:

Last First Middle

Current Address:

Street Apt #

City State Zip

County: _____

Home Phone: (____) - _____

Area Code

Cell Phone: (____) - _____

Area Code

Emergency Contact: _____

Phone Number: _____

Social Security Number:

_____ - _____ - _____

Birth Date: _____

Month Day Year

Gender: Male Female

E-mail: _____

I live in the following independent school district:

- Humble (12)
- Other _____

Current High School Attending: _____

Anticipated Graduation Date: _____

Month Day Year

Educational Goal:

Associate of Arts Associate Of Science Other

I am interested in Financial Aid Yes No

I understand that if I am admitted into The Early College, I will abide by the rules and regulations of NHMCCD. I also understand that academic information such as test scores and college transcripts will be provided to NHMCCD upon request by my corresponding high school.

Student's Signature Date

I agree to give permission for consideration of my son's/daughter's acceptance into The Early College and I understand that he/she must abide by the rules and regulations of the North Harris Montgomery Community College District.

Parent's or Legal Guardian's Signature Date

THIS STUDENT IS RECOMMENDED TO PARTICIPATE IN THE EARLY COLLEGE.

High School Counselor's Signature Date

For office use only

Name: _____

List any colleges attended

Date _____
Res. _____
TSI _____
Input by: _____

Social Security Number: _____

1. _____

2. _____

Required State Information:

1.A. Are you a U.S. citizen? Yes No

B. If not a citizen, do you hold permanent residence status for the U.S.? Yes No

If yes, date permanent residence card issued _____ Card Number _____

If no, country of citizenship _____ Type of Visa _____

Date Issued: _____ Expiration Date: _____

2. Are you a Texas resident? Yes No List state of residence _____

3. If your Texas residence status is based upon yourself, answer the following questions:

a. How long have you resided in Texas? _____ lifetime, _____ year(s) _____ and month(s)

b. If you came here within the past 5 years, why did you move to Texas?

Education

Employment

Other _____

4. If your claim for resident status is based upon parent or legal guardian, please answer the following questions:

a. Name of person upon to who claim is based _____

b. Relationship to you: Parent Legal Guardian

c. How long has this person resided in Texas? _____ years _____ months

Previous state or country of residence _____

d. If this person came here within the past five years, why did this person move to Texas?

Education

Employment

Other _____

e. Is this person a U.S. citizen? Yes No

f. Has parent or legal guardian claimed you as a dependent for U.S. federal income tax purposes for the tax year preceding your registration? Yes No

g. Will this person claim you for the current tax year? Yes No

Oath of Residency and Authorization to Obtain THEA Scores

I understand that information submitted herein will be relied upon by college officials to determine my status for admission and residency eligibility. I authorize the college to verify the information I have provided and to obtain my THEA test scores as necessary to complete my admission. 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 understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action. I also understand that my records may be used in compiling reports required by state agencies, the federal government, and accrediting bodies and in conducting research for the purpose of program planning, management and evaluation and my signature below shall be construed as consent to statistical use of my records. With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form. More information regarding the release of student information may be obtained in the college catalog. North Harris Montgomery Community College District has directed me to information on bacterial meningitis. (www.nhmccd.edu/goto/ meningitis)

I also authorize NHMCCD to request on my behalf an Official Transcript from my Texas public or accredited private high school listed on the front page of this application for purposes of determining my eligibility for the TEXAS grant.

Signature _____

Date _____

The North Harris Montgomery Community College District is committed to the principle of equal opportunity in education and employment. The District does not discriminate against individuals on the basis of race, color, gender, religion, disability, age, veteran status, nationality or ethnicity in the administration of its educational policies, admissions policies, employment policies, scholarship and loan programs, and other District or College administered programs and activities. Inquiries concerning the District's policies, compliance with applicable laws, statutes, and regulations (such as Title VI, Title IX, and Section 504), and complaints may be directed to the Vice Chancellor for Human Resources and General Counsel, 281.260.3155. The Vice Chancellor for Human Resources is designated as the District's Equal Opportunity Officer and Title IX Coordinator. Inquiries about the laws and about compliance may also be directed to the Assistant Secretary for Civil Rights, U.S. Department of Education.