



# SELECTIVE ADMISSIONS PROGRAM APPLICATION

P.O. Box 9020, Tyler, TX 75711

Complete program information is available at [www.tjc.edu](http://www.tjc.edu).

## APPLICATION MUST BE FILLED OUT COMPLETELY

Applicants must have applied and been accepted as a TJC student to continue.

Applicant's Name: \_\_\_\_\_

A Number: \_\_\_\_\_

### PROGRAM

Select one program:

- Dental Hygiene
- Dental Hygiene: Bachelors Degree Completion
- Certified Dental Assisting
- Diagnostic Echocardiography
- Diagnostic Medical Sonography
- EMSP: Paramedic
- Fire Protection Technology

- Health Care Administration
- Health Information Technology
- Medical Laboratory Technology
- Nursing, ADN Traditional Tyler
- Nursing, LVN-ADN Transition
- Nursing, Paramedic-ADN Tyler
- Nursing, VNE

- Occupational Therapy Assistant
- Physical Therapist Assistant
- Radiologic Technology
- Respiratory Care
- Surgical Technology
- Ophthalmic Medical Assisting
- Human Performance

### STUDENT INFORMATION

Student Social Security #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

TJC Email Address\*: \_\_\_\_\_

2<sup>nd</sup> Email Address: \_\_\_\_\_

\*All official email from the institution will go to the student's TJC email addresses.

Address (Street/Apt) \_\_\_\_\_

(City/State/Zip): \_\_\_\_\_

County: \_\_\_\_\_

Do you live:  In District  Out of District

Are you a US Citizen?:  Yes  No

Emergency Contact: \_\_\_\_\_

City: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

### ACADEMIC AND TESTING INFORMATION

Have you applied to any of the programs above before:  Yes  No If yes, which one: \_\_\_\_\_

Please list former high school, college and technical/trade schools attended:

(Attach copy of transcripts and/or GED scores if required by program)

Are you eligible for readmission to the colleges previously attended?  Yes  No  N/A

Are you eligible for readmission to health-related program(s) previously attended?  Yes  No  N/A

Have you been registered in schools or colleges under a different name?  Yes  No

If yes, please list name(s): \_\_\_\_\_

Have you attended Tyler Junior College?  Yes  No If so, when? \_\_\_\_\_

How did you hear about our health related programs?

Social Media  TV/Radio  Print Adv  Direct Mail  Website  Email  Other \_\_\_\_\_

I hereby certify that statements made by me in this application are true and correct to the best of my knowledge and belief, and hereby grant Tyler Junior College permission to verify such answers. I understand that any false statements on this application for admission may be considered as sufficient cause for rejection of this application and/or dismissal from the department and/or the College.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

Mission Statement: The College champions student and community success by providing a caring, comprehensive experience through educational excellence, stellar service, innovative programming and authentic partnerships. Accreditation: Tyler Junior College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award Associate and Baccalaureate degrees as well as Certificates. Questions about the accreditation of Tyler Junior College may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, by calling 404-679-4500, or by using information available on SACSCOC's website ([www.sacscoc.org](http://www.sacscoc.org)).