



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:	Health Care Administration	Occupational Therapy Assistant
Dental Hygiene	Health Information Technology	Physical Therapist Assistant
Dental Hygiene: Bachelors Degree Completion	Medical Laboratory Technology	Radiologic Technology
Certified Dental Assisting	Nursing, ADN Traditional Tyler	Respiratory Care
Diagnostic Echocardiography	Nursing, LVN-ADN Transition	Surgical Technology
Diagnostic Medical Sonography	Nursing, Paramedic-ADN Tyler	Ophthalmic Medical Assisting
EMSP: Paramedic	Nursing, VNE	Human Performance
Fire Protection Technology		

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)).