



Please complete all fields and email to [amanda.rose@tamucc.edu](mailto:amanda.rose@tamucc.edu)

## Participant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth (mm/dd/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Year of High School Graduation: \_\_\_\_\_

How did you hear about the CSI? \_\_\_\_\_

## High School Information

Name of Graduating High School: \_\_\_\_\_ Current GPA: \_\_\_\_\_/4.0

### TSI/TSIA2 Scores

Math: \_\_\_\_\_ ELA/Reading: \_\_\_\_\_ Essay: \_\_\_\_\_ I have not taken the TSIA2

### Other Scores

SAT- Math: \_\_\_\_\_ ELA/Reading: \_\_\_\_\_ I have not taken the SAT

ACT- Math: \_\_\_\_\_ ELA/Reading: \_\_\_\_\_ I have not taken the ACT

Are you exempt from TSIA2 testing due to HB-5? Yes No I don't know

## College Information

Have you completed your Free Application for Federal Student Financial Aid (FAFSA)? Yes No

If yes, are you eligible to receive a PELL grant? I don't know Yes No

Will you be enrolling at TAMU-CC for the first time in the Fall of 2024? Yes No

Planned Major/Emphasis: \_\_\_\_\_

## Other Information

*In the space below, include hobbies, interests, or anything you would like us to know about you.*

\_\_\_\_\_  
Student Signature (print or e-sign)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date (mm/dd/year)

\*Disclaimer: The contents of this application were developed under a grant from the Department of Education. However, those contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government.\*

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