

CONCURRENT STUDENT CHECK LIST
FOR NEW AND RETURNING STUDENTS
WHO HAVE MISSED A FALL OR
SPRING SEMESTER

Name: _____

TVIN/SS#: _____

_____ TVCC Application Completed **ONLINE** (Provide attachment of Confirmation Number)

_____ TVCC Residency Form Completed **ONLINE** (Part D. 1.A. must be **NO!** Complete Part E and Part G and Sign I)

_____ Bacterial Meningitis Form Completed **ONLINE**

_____ Bacterial Meningitis Vaccination Proof (within 5 years of first day of semester) if attending class on TVCC campus or registering for a TVCC online class

_____ Most Current Scores from TAKS, THEA, or ACCUPLACER submitted to TVCC

_____ Concurrent Form Completed and Signed by:

1. High School Counselor
2. Student
3. Parent/Guardian

_____ High School Transcript (for proof of 3rd class or updated scores)

NOTE: SUBMIT A COMPLETE PACKET.

NO PARTIAL PACKETS WILL BE ACCEPTED.

PLEASE DO NOT FAX ANY OF THE ABOVE INFORMATION.

CONCURRENT STUDENT CHECK LIST
FOR CONTINUING STUDENTS

Name: _____

TVIN/SS#: _____

_____ Bacterial Meningitis Vaccination Proof (within 5 years of first day of semester) if attending on campus for class or registering for a TVCC online class

_____ Most Current Scores from TAKS, THEA, or ACCUPLACER submitted to TVCC

_____ Concurrent Enrollment Form Completed and Signed by:

1. High School Counselor
2. Student
3. Parent/Guardian

_____ High School Transcript (for proof of 3rd course or updated scores)

NOTE: SUBMIT A COMPLETE PACKET.

NO PARTIAL PACKETS WILL BE ACCEPTED.

DO NOT FAX ANY OF THE ABOVE INFORMATION.