



SELECTIVE ADMISSIONS PROGRAM APPLICATION

P.O. Box 9020, Tyler, TX 75711

Complete program information is available at 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*: _____

2nd 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