



# DUAL CREDIT/CONCURRENT ENROLLMENT APPLICATION

Enrollment Services  
7101 University Avenue, Suite 260, Texarkana, TX 75503  
Email: [admissions@tamut.edu](mailto:admissions@tamut.edu) Fax: 903-223-3140

## INSTRUCTIONS

- Students must submit an application for admission (<https://go.tamut.edu/application/>), the Dual Credit/Concurrent Enrollment Application, official high school transcript, and test scores.
- This form must be signed by the
  - Student, parent or guardian, and high school principal or counselor.
- Eligibility is limited to high school junior (11<sup>th</sup> grade) and/or high school senior (12<sup>th</sup> grade) students.**
- Students must be exempt based on ACT, SAT, TAKS, PSAT/NMSQT, PLAN, and/or End of Course (STAAR EOC) scores to satisfy the Texas Success Initiative (TSI) requirements or must pass the appropriate sections of the TSI Assessment to enroll in courses. For a full list of exemptions please [click here](#).
- If the student has not satisfied TSI, the student is not eligible for enrollment with A&M-Texarkana. Students may not enroll in remediation courses as dual credit/concurrent students.**
- Permission is limited to the term indicated on the application and must be separately granted for continued enrollment prior to high school graduation.
- The student must maintain at least a 2.0 cumulative grade point average at A&M-Texarkana to continue in the concurrent enrollment program.
- If the student is enrolled with another institution while enrolled in the concurrent enrollment program at A&M-Texarkana, the student must request official final transcripts be sent to A&M-Texarkana by the issuing institution(s).
- The student will register for classes and pay all regular tuition and fees during the regular registration period and as an A&M-Texarkana student will be responsible for observing all University regulations.

## TERM OF ENTRY

Term (check one)      Summer I      Summer II      Fall      Spring      20\_\_\_\_\_

## PERSONAL INFORMATION

Social Security Number \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_      Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Legal Name \_\_\_\_\_  
Last      First      Middle      Suffix

Previous Name \_\_\_\_\_      Male      Female

Street Address \_\_\_\_\_      City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_

Home Phone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Cell No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## EDUCATION AND ACADEMIC INFORMATION

Name of High School \_\_\_\_\_      Phone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of High School Counselor \_\_\_\_\_  
Last      First

High School Graduation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Current grade level (check one)      Junior      Senior

ACT Composite \_\_\_\_\_      SAT (Math & Critical Reading) \_\_\_\_\_      Current GPA \_\_\_\_\_      Class Rank \_\_\_\_\_      Class Size \_\_\_\_\_

**CONFIRMATION AND SIGNATURE**

I have read and understand the above instructions and authorize exchange of my admissions and academic information between A&M-Texarkana and my high school.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

We certify that the above-named student has met the stated requirements listed above and is recommended for dual credit/concurrent enrollment at A&M-Texarkana.

Principal/Counselor Signature \_\_\_\_\_

Date \_\_\_\_\_

**TO BE COMPLETED BY THE OFFICE OF ADMISSIONS**

Processed By \_\_\_\_\_

Date \_\_\_\_\_

Notes

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State law requires that you will be informed of the following: 1) you are entitled to request to be informed about the information about yourself collected by use of the form (with a few exceptions as provided by law); 2) you are entitled to receive and review that information; and 3) you are entitled to have the information corrected at no charge to you.