



TEXAS A&M UNIVERSITY-SAN ANTONIO

University Access

Consent Form

Student Name (Last, First, Middle Initial): _____

Address: _____

Street City State

Zip

Date of Birth: ____/____/____ Program (Circle): Dual Credit Early College High School

Name of High School: _____ Graduation (Month/Yr.): ____/____

Student E-mail Address: _____ Student Phone Number: _____

Grade Level (Circle): 9th 10th 11th 12th Anticipated Major: _____

Prior College Experience (Circle): Yes No If yes, institution previously attended: _____

I hereby certify that the student listed above is eligible for participation in the University's Early College Credit program and have or will meet the following requirements: TSI readiness and/or alternative instrument(s) to qualify for the program and course selection; Are in good academic standing at the high school; And have the appropriate Bacterial Meningitis documents on file per our records.

High School Official Name (Printed) Date

High School Registrar Name (Printed) Immunization Date

*I, the student and parent/guardian, understand the following:
Early College Credit students are enrolled in college-level courses that are more academically challenging and will be mixed with traditional students; the grades earned will be placed on the student's permanent University transcript. The students are held accountable to the policies, rules, and regulations of Texas A&M University-San Antonio. Students must meet all admission requirements prior to approval (below). This consent is valid for the duration of the student's participation in the Early College Credit Program.*

- i. Completed Apply Texas Application
- ii. Signed Consent Form
- iii. Submission of High School Transcript
- iv. Submission College Transcript (if previous college credit earned)
- v. Submission of Verification of Bacterial Meningitis
- vi. Display college readiness in all areas (Math, Reading and Writing) of the TSI.
- vii. Achievement of appropriate ISD eligibility criteria

Student Signature

Parent/Guardian Signature

Date



TEXAS A&M UNIVERSITY
SAN ANTONIO

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O: (210) 784-1449 | E: brian.hagelgans@tamusa.edu
One University Way, San Antonio, TX 78224



TEXAS A&M UNIVERSITY - SAN ANTONIO

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For Office Use Only

Date Received: _____

Date Processed: _____

Signature of Director Early College Credit

Signature of Processing Official



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