

## Southwestern Christian College

200 Bowser Circle Terrell, TX 75160

"Large Enough to Matter, Small Enough to Care"

## **International Application for Admissions**

An application fee of \$20.00 is also required for all applicants

Personal Information					
Name:(Last Name) (	First Name)	(Midd	le Initial)	(Suffix: Jr. etc.)	
Other Names which may appear on Academic Records:					
Address:				Apt #:	
City:	State:	County:(for Texas r	esidence only)	Zip Code:	
Phone Number:		E-Mail Address:			
Would you like to receive text messages? ☐ Yes ☐ No		Referred By:			
Background Information					
Date of Birth:/	City of Birth			State/Country of Birth	
Social Security #:	_	Religious Preference (be sp	ecific):		
MARITAL STATUS:  Divorced Married Separated Single		ETHNICITY (for statistical p  Caucasian  Hispanic  Asian/Pacific Islander  Latino	<ul><li>☐ African-A</li><li>☐ Native-Ar</li></ul>	nerican	
Have you ever been suspended from an educational institution? Have you ever been convicted of a criminal offense other than a n	ninor traffic violation		,	If yes, please attach an explanation.) If yes, please attach an explanation.)	
Family/Emergency Information					
Name:	EMERGENCY		hip:		
Address:	(If same as above, please	DUT CAME AC ADOVE		Apt #:	
City:		put same as above)	Zip (	Code:	
Phone Number:			•		
Father's Name:		Phone Number:			
Mother's Name:		Phone Number:			

## **Educational Information** ADMISSIONS REQUESTED FOR A(N): TERM FOR ENROLLMENT: ☐ Ist Semester Freshman Year: ☐ Transfer Student ☐ Fall Semester Re-Admit (Date Last Attended: \_\_\_\_\_\_ Spring Semester □ Permanent Resident International ☐ Currently in United States (If checked, please list VISA:) If U.S. Permanent Resident Alien Immigrant (Please list your 'A' Number) Intended Major: Housing Options: ☐ Resident □ Commuter (If undecided, then please put "Liberal Arts") Educational Background High School Name: State: \_\_\_\_\_ County: \_\_\_\_\_\_(for Texas residence only) \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ E-Mail: Phone #: \_\_\_\_\_ Counselor's Name: Expected Date of Graduation: Cumulative G.P.A.: Class Rank: \_\_\_\_\_ out of \_\_\_\_\_ If you did not graduate from High School, do you have a GED? ☐ Yes ☐ No If yes, date earned: Testing Center Name: List All Colleges/Universities at which you have taken Courses for Credit. College Name City State From <u>To</u> Please list any and all extracurricular, personal or volunteer activities while in high school or college: Please list any and all honors and/or outstanding achievements that you have procured during high school and/or college experience(s): My signature below indicates that all of the information contained in my application in complete, factually correct and honestly presented. Signature: Date: \_\_\_\_\_