

TEXAS A&M UNIVERSITY-COMMERCE
DUAL ADMISSIONS AGREEMENT
WITH
COLLIN COUNTY COMMUNITY COLLEGE DISTRICT

Pre-Enrollment Form

Please print legibly

Name _____ SS# _____
Last First M.I. Optional

Date of Birth _____ Telephone (_____) _____
mm/dd/yyyy

Mailing Address _____

City _____ State _____ Zip _____

E-mail _____

Community/Junior College you are attending _____

Academic Interest/Major _____

(Please see the Programs of Study list on the next page)

Expected date to enroll at A&M-Commerce?

Fall _____ Spring _____ Summer I _____ Summer II _____

Are you interested in seeking Teacher Certification? Yes _____ No _____

If yes, please indicate which level (check up to two) _____ Elementary (EC-Grade 4)

_____ Middle Level (Grades 4-8) _____ High School Level (Grades 8-12) _____ All Levels (EC-12)

I agree that my student records may be shared between A&M-Commerce and CCCCD to facilitate the administration of this program.

Student Signature _____ Date _____

Complete and return this form with official transcripts to:

Texas A&M University-Commerce

Transfer Admissions Office

P.O. Box 3011

Commerce, TX 75429-3011

Office - 903.468.3284 Fax - 903.468.3261

www.tamu-commerce.edu

1.888.868.2682