



Application for General Admission Ranger College

THE VOCATIONAL NURSING PROGRAM HAS RESTRICTED ADMISSIONS
Contact the VN Program secretary for an application packet.

Semester to Enter

Ranger College: Winter 20__ Spring 20__ Summer I 20__ Summer II 20__ Fall 20__

Part A: General Information

Please PRINT

1. Social Security Number _____ - _____ - _____ 2. Date of Birth (MM/DD/YYYY) _____

3. Name: _____
(Legal Full Name) Last First Middle

4. Other names: _____
Please list maiden or other name(s) under which your academic records may be found.

5. MAILING Address: _____
Street / Route / PO Box / Apt #

City State Zip County

6. Sex Male Female E-Mail Address _____

7. Student Contact Information Home Phone _____ Cell Phone _____

Emergency contact: Name _____ Relationship to student _____

Emergency Phone _____ Cell or other number _____

8. Method of Admission:

- High School or Home School Graduate
- GED Certified
- Previous RC Student -- Last semester of attendance at RC _____
- College Transfer – Seeking a degree at RC? Yes No
- Early Admissions Program (HS DUAL CREDIT)
- Individual Approval (No HS diploma or GED certificate)
(Individual approval must be granted by Director of Admissions) _____

9. Classification during this enrollment:

- Freshman (0-29 hrs)
- Sophomore (30 to 72 hrs)
- Unclassified (over 72 hrs with no degree)
- Have Associate Degree
- Have Baccalaureate or above

10. Primary site of attendance: Ranger (Main Campus) Brown County Center Comanche Center
 Stephenville Center Internet Only High School/Dual Credit Brownwood Cosmetology

11. If primary site of attendance is Ranger, check the program/area in which you plan to participate and/or receive a scholarship
 Academic/Diplomat
 Athletics (Which sport?) _____

12. Program or intended major _____

13. Primary goal while at Ranger College: Earn an Associate degree (2 yrs) Courses for personal enrichment
 Earn a certificate (less than 2 yrs) Courses to get better job or improve skills for a current job Earn credits for transfer

14. Ethnicity and Race:

Are you Hispanic or Latino? Yes No

(a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Please select the racial category or categories with which you most closely identify. Check as many as apply.

- White (1) Black or African American (2) Asian (4)
- American Indian or Alaska Native (5) International (6) Native Hawaiian or Other Pacific Islander (8)

15. Military or Veteran Status— If you have any military affiliations, please indicate the appropriate category(ies) below.

- Current or former member of the US Armed Forces Current or former member of the National Guard
- Current/former member of the Reserves Dependent of a veteran
- Dependent of a deceased veteran Dependent of a veteran with a combat related injury

16. Family Educational Background

Father's Education level

- No HS Some HS HS diploma/GED Some college Associates degree 4yr degree Graduate or professional degree

Mother's education level

- No HS Some HS HS diploma/GED Some college Associates degree 4yr degree Graduate or professional degree

Part B: Educational Information

17. Date of High School Graduation (MM/DD/YYYY) _____ **18. Were you home schooled?** Yes¹ No

Name of High School _____ School District, City, State _____

Will you or did you graduate under the Recommended or Distinguished Program? Yes No Not applicable

19. If you did not graduate, do you have an equivalency diploma (GED)? No Yes _____
Date of Issue (MM/DD/YYYY) _____ State _____

20. Will you be a High School student during this enrollment? Yes² No
If yes, please write INTENDED date of graduation for question #22. High School and parental permission required.

21. Are you eligible to re-enroll at the last college you attended? Yes No No previous college

If no, when could you re-enroll? _____ Are you on Academic Probation? Yes No

22. Are you on Academic Suspension? Yes³ No If you are currently on Academic suspension contact the Registrar's Office.

23. Highest Degree or Diploma Held: High School Graduate Certificate of Completion
 Associate Degree Bachelor Degree None Other _____

24. List ALL colleges and/or universities in which you were previously enrolled. Do not list schools that you applied to, but did not attend. List schools beginning with the most recent, and including any previous attendance at Ranger College or High School Dual Credit. Failure to disclose colleges may result in non-admission or dismissal if enrolled. Use back of page if more room is needed.

Institution Name	City, State	Dates of Attendance

Use back of page if more room is needed. →

25. I understand that I must furnish a current, official transcript⁴ from EACH college and/or high school attended to the Admissions Office at Ranger College. High school transcripts must have a date of graduation included.

(Initial here) _____

Foot notes 1,2,3 and 4 are listed on page 4.

Part C: TSI Status

Official THEA or alternative test scores or proof of exemption must be provided prior to enrolling in college level courses. Scores are not required for enrollment in a THEA-waived certificate program.

26. Have you taken the official THEA (formerly TASP) or an approved alternative test? Yes No Exempt
Which Test? THEA (Reading/Math/Writing) Asset (Reading/Elementary Algebra/Writing)
 Compass (Reading/Algebra/Writing) Accuplacer (Reading/Elementary Algebra/Writing)

Test date: _____
(Official scores must be provided)

If you selected Exempt in question #26, your exemption is based which of the following:

- Exit Level TAKS: date _____ Score (ELA/Math) _____ Other exemptions: _____
 SAT: date _____ Score (Critical Reading/Math) _____
 ACT: date _____ Score(Composite/Eng/Math) _____

Part D: Core Residency Information

27. Permanent **Physical** Address _____

How long have you lived at the above address? Years _____ Months _____

28. Are you a Texas resident? Yes No Other State: _____
29. Did you live in Texas for the 36 months leading up to your high school graduation or Texas GED certification? Yes No
30. When you begin your semester at RC, will you have lived in Texas for 12 months? Yes No
31. Are you a US citizen? Yes No Foreign _____
32. Permanent Resident? Yes No

If you are **not** a US citizen, please provide a copy of your current visa.

If you are **not** a US citizen, but answered 'Yes' to question 29 **and** 30, please submit an Affidavit of Residency— contact the Registrar's Office for details.

If you are a US citizen, but answered 'No' to questions 29 **or** 30, please submit a supplemental residency Claim—contact the Registrar's Office for details.

33. Were you enrolled in a Texas public college or university during the previous 12 months? Yes No
Were you classified as a Texas resident? Yes No

Oath of Residency: I understand that information submitted herein will be relied upon by college officials to determine my status for admission and residency eligibility. By signing this application I authorize the college to verify the information I have provided. I also agree to notify the proper officials of the institution of any change in the information provided.

Part E: College Specific Questions

31. Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If Yes, attach a statement of details addressed to the Office of the Dean of Student Life.

Special Populations Survey

Please answer the following questions. The information provided will only be used for reporting purposes, as mandated by the state.

- Are you an **Individual with Disabilities**? Have you been referred by the Department of Assistive and Rehabilitative Services for education and training or do you receive services through a special populations or state program? Yes No
- Do you have **limited English speaking ability**? Yes No
- Are you a **Displaced Homemaker**? Were you a homemaker, not working outside of the home, prior to this enrollment? Yes No
- Are you a **Single Parent**? Are you either unmarried or divorced with custody of a child under the age of 18 (including if you are currently pregnant)? Yes No

I certify that the information provided is accurate to the best of my knowledge. I understand this information will be used by the officials of Ranger College in creating state reports. I also understand that signing this application confirms that I am familiar with the information provided about Bacterial Meningitis.

I certify that the information in this application for admission is true and correct and that misrepresentation or omission of information will be cause for dismissal or denial of admission. If accepted as a Ranger College student, I agree to abide by the rules and regulations of Ranger College regarding conduct and all other obligations. **I also authorize Ranger College to electronically access test scores (THEA or alternates) from any institution or corporate entity which is associated with the transmission of the requested information.** I hereby knowingly, freely, and voluntarily waive any right or cause of action arising as a result of the transmission of this information from which any liability may or could accrue to these stated organizations. I understand that Ranger College will upon request, provide me with a copy of any of the above documents and I further understand that I have the right to challenge the accuracy of those records.

This completed application must be returned to:

Registrar's Office
Ranger College
1100 College Circle
Ranger, Texas 76470

Student Signature _____ Date _____

Ranger College does not discriminate on the basis of race, color, national origin, gender, religion, age, or disability in admissions, employment and/or program policies.

Foot notes:

[1] An official home school transcript must include date of graduation, be signed by the school official, and be notarized by an official notary public.

[2] Current high school students must complete dual credit paperwork and have written permission from their school.

[3] Ranger College's policy concerning Academic Suspension can be found in the catalog, page 26.

[4] An official high school transcript must include date of graduation (after graduation has occurred), be signed and stamped/embossed by a school official, and arrive in the Registrar's Office in a sealed envelope from the issuing school.

Keep this page for your records!

RULES REQUIRED BY SB 1231* RELATED TO LIMITING DROPPED COURSES

**Senate Bill 1231 was enacted by the Texas State Legislature during the 80th Legislative Session.*

Under section 51.907 of the Texas Education Code, “an institution of higher education may not permit a student to drop more than six courses, including any course a transfer student has dropped at another institution of higher education,” while classified as an undergraduate. Courses dropped at a private or out-of-state institution are excluded. This statute was enacted by the State of Texas in Spring 2007 and applies to undergraduate students who enroll in a Texas public institution of higher education as first-time freshmen in Fall 2007 or later. Any college level course that a student drops is counted toward the six-course limit if “(1) the student was able to drop the course without receiving a grade or incurring an academic penalty; (2) the student’s transcript indicates or will indicate that the student was enrolled in the course; and (3) the student is not dropping the course in order to withdraw from the institution.” Some exemptions for good cause could allow a student to drop a course without having it counted toward this limit, but it is the responsibility of the student to establish that good cause.

Contact the Dean of Instruction’s office for more information before you drop a course.

IMPORTANT INFORMATION ABOUT BACTERIAL MENINGITIS

This information is being provided to all new college students in the state of Texas. Bacterial Meningitis is a serious, potentially deadly disease that can progress extremely fast-so take utmost caution. It is an inflammation of the membranes that surround the brain and spinal cord. The bacteria that causes meningitis can also infect the blood. This disease strikes about 3,000 Americans each year, including 100-125 on college campuses, leading to 5-15 deaths among college students every year. There is a treatment, but those who survive may develop severe health problems or disabilities.

WHAT ARE THE SYMPTOMS?

High fever	Severe headache	Rash or purple patches on skin	Vomiting	Light sensitivity
Stiff neck	Nausea	Confusion and sleepiness	Lethargy	Seizures

There may be a rash of tiny, red-purple spots caused by bleeding under the skin. These can occur anywhere on the body. The more symptoms, the higher the risk, so when these symptoms appear seek immediate medical attention.

HOW IS BACTERIAL MENINGITIS DIAGNOSED?

Diagnosis is made by a medical provider and is usually based on a combination of clinical symptoms and laboratory results from spinal fluid and blood tests. Early diagnosis and treatment can greatly improve the likelihood of recovery.

HOW IS THE DISEASE TRANSMITTED?

The disease is transmitted when people exchange saliva (such as by kissing or by sharing drinking containers, utensils, cigarettes, toothbrushes, etc.) or come in contact with respiratory or throat secretions.

HOW DO YOU INCREASE YOUR RISK OF GETTING BACTERIAL MENINGITIS?

Exposure to saliva by sharing cigarettes, water bottles, eating utensils, food, kissing, etc.

Living in close conditions (such as sharing a room/suite in a dorm or group home).

WHAT ARE THE POSSIBLE CONSEQUENCES OF THE DISEASE?

Death (in 8 to 24 hours from perfectly well to dead)	Limb damage (fingers, toes, arms, legs) that requires amputation			
Permanent brain damage	Kidney failure	Gangrene	Learning disability	Coma
Hearing loss	Blindness	Convulsions		

CAN THE DISEASE BE TREATED?

Antibiotic treatment, if received early, can save lives and chances of recovery are increased. However, permanent disability or death can still occur.

Vaccinations are available and should be considered for those living in close quarters and college students 25 years old or younger. Vaccinations are effective against 4 of the 5 most common bacterial types that cause 70% of the disease in the U.S. (but does not protect against all types of meningitis).

Vaccinations take 7-10 days to become effective, with protection lasting 3-5 years.

The cost of vaccine varies, so check with your health care provider.

Vaccination is very safe-most common side effects are redness and minor pain at injection site for up to two days.

Contact your health care provider for vaccinations.

HOW CAN I FIND OUT MORE INFORMATION?

Contact your own health care provider, your local or regional Texas Department of Health, or www.cdc.gov/ncidod/dbmd/diseaseinfo or www.acha.org.