Dual Enrollment Application Guide

 Go to: <u>https://www.tstc.edu/admissions/dual-enrollment/apply-for-dual-enrollment/</u>click the Apply now button. If you have not created a TSTC account before, click on Sign Up. Enter your first name, last name and your email address. Remember to check box for "I'm not a robot".



2. If you have not created a TSTC account before, click on **Sign Up**. Enter your first name, last name, and email address. Remember to check box for "**I'm not a robot**".

Sigir	If of Cleate New 131C Application Account
First time h up your pa	ere? Click Sign Up below, then look for an email with a link to s ssword. Your Username will be your email address.
If you are in Education	nterested in our Workforce Training and Continuing programs, click here for the <u>application.</u>
Email	
Password	1
	SIGN IN
<u>Sign Up</u>	SIGN IN

- 3. Check your email and follow the link to finish setting up your TSTC account. Once this has been completed, you will return to: <u>https://www.tstc.edu/admissions/dual-enrollment/apply-for dual-enrollment/</u> and sign in.
- 4. In the next screen, you will first choose your High School in the drop down. Second, choose the Dual Enrollment program you want to participate in. Third, choose the Degree Program, then choose the Term, which will be Fall 23. Lastly, click on Start Application.

New Application	
If you are not currently enrolled in high sc "TSTC Student."	hool, or you cannot find your high school in this list, you are in the wrong application. Please go back and pick
What high school do you attend?	
Please select one	
Which program do you choose?	
Please select one	
Which degree option do you choose?	
Please select one	
Please select the term that you will begin t	aking dual enrollment classes.
Term Please select one	
	START APPLICATION

- **5.** You will next **Tell us about yourself**. Fill out this part accordingly with all the correct information. Only questions with a red dot next to them are required to be answered. Make sure you **Save and Continue after each section**.
- 6. Complete Tell us Where you live with your Address, City, State and Zip code. Remember Save and Continue.
- 7. Complete the Tell us more section. Remember to Save and Continue as you go along.
- 8. Enter Emergency Contact Information. This should be a Parent or Guardian. Save and Continue.

- **9.** Enter **High School Information**. This is the current or previous high school attended as well as your graduation year. **Save and Continue**.
- 10. Application Information. Please indicate the block of time you would like to take your course(s).
 Example: Between 8am-4pm. Also provide your end goal for participating in Dual Enrollment.
 Save and Continue.
- **11**. If you have a Social Security number, please provide it here. If you do not have a Social Security number and have applied for one, check the box "**Applied for**". **Save and Continue**.
- **12.** Answer **Residency Claim** question yes or no. If **No**, then question 2 will appear. Please indicate the Country and State you are a resident of in the drop down. **Save and Continue.**
- **13**. Enter **Previous Enrollment** history. If you answer **yes**, please provide the Texas Public Institution attended, the term last enrolled and tuition question in the dropdowns. **Save and Continue**.
- 14. Enter Acquisition of High School Diploma or GED information. Save and Continue.
- 15. Enter Basic Claim of Residency information. Save and Continue.
- 16. For Additional Questions- Parent, you may need help from a parent or guardian to complete. Please enter all information as accurately as possible. If the answer to question 1 is No, questions 2-4 will appear for you to answer. Save and Continue.
- **17**. You can add any **General Comments** here that you may think TSTC needs to know about you, your family, or your learning experience. **Save and Continue**.
- Certification of Residency. Please read and acknowledge the residency statement. Click" I Certify". Save and Continue.
- Disclosure Information. Please read the Disclosure about the Bacterial Meningitis Vaccine and click "I acknowledge". Next, please read the second disclosure statement. If you agree, click Save and Review Application.

<	Texas state II Review Your /	ECHNICAL COLLEGE Application			Sign Out	0
Tell us	s about yourself		🗹 ED	п		
	 First Name (Please provide your legal name.) 	Ames				
	Middle Name	A			9 ⁷⁰	
	 Last Name (Please provide your legal name.) 	TrainingTest			ノ	
	Suffix					
	Preferred Name/Nickname				PLICATION	
	• Email	amestrainingtest@mail.com				
	 Preferred method of contact. 	Mobile				
	Mabile Phone	903-111-1234				
	Other Phone					
Tell u	s where you live		🗹 ED	π		

20. Submitting your application: Please review your application for accuracy. Once that is complete, submit your application. The **Submit your application** button is located underneath the percentage complete icon on the right side of your screen.