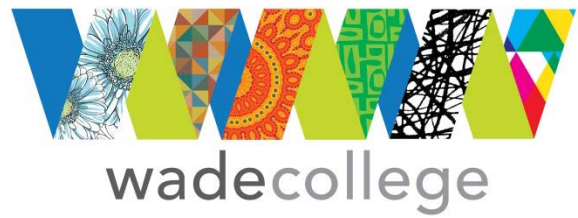


# Admissions Checklist

## Associate Student



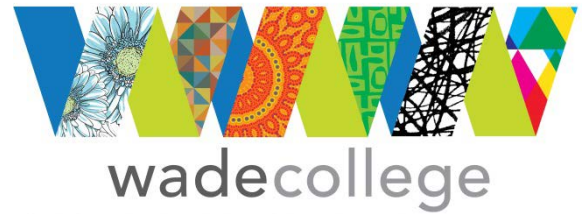
We look forward to receiving your application. Congratulations on taking the first step towards achieving your goals! In order to complete your admissions process, please provide us with the additional information:

- \_\_\_\_\_ Student questionnaire (completed during initial meeting with admissions)
- \_\_\_\_\_ FERPA Release of Information form
- \_\_\_\_\_ Application for Admission
- \_\_\_\_\_ Proof of High School Graduation or Transcript Request Form
- \_\_\_\_\_ All Official College Academic Transcripts & Evaluation Form
- \_\_\_\_\_ News Release Form
- \_\_\_\_\_ Proof of Meningitis Vaccination
- \_\_\_\_\_ \$125 Enrollment Fee
- \_\_\_\_\_ Picture for Photo ID
- \_\_\_\_\_ Schedule Accuplacer
- \_\_\_\_\_ All Financial Aid Documents
- \_\_\_\_\_ Attend Orientation
- \_\_\_\_\_ Enrollment Agreement

Please return this information as soon as possible to the address below, or to your Admissions Representative:

**WADE COLLEGE    ADMISSIONS DEPARTMENT**  
1950 N Stemmons Frwy, Suite 4080, LB 562, Dallas, TX 75207  
main 214-637-3530 | fax 214-637-0827 | [admissions@wadecollege.edu](mailto:admissions@wadecollege.edu) | [wadecollege.edu](http://wadecollege.edu)

# RELEASE OF INFORMATION REQUEST



Student's name:

I'm requesting that my:

Academics Only

Academics/Financial

Financial Only

Be released to the party or parties listed below. I am voluntarily making this request in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA). I, the student, give permission for Wade College to disclose the above information to my designee(s).

Party or parties name(s) and address (es):

Please provide Wade College with the following information so your request may be processed:

Social Security number

Date of birth

Current Street Address

Apt Number

City, State, and Zip Code

Current Phone Number

Current E-mail Address

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Do not leave any portion of this form blank. It will only delay the fulfillment of your request.

This consent shall be valid throughout the student's enrollment at Wade College and thereafter, but may be modified or rescinded in writing by the student. The recipient of the information agrees that they shall not disclose the specified information to third parties without the student's authorization.

# APPLICATION FOR ADMISSION

## Associate Degree



Applicant's Full Legal Name

---

First (Given) Name                      Middle Name                      Last (Family) Name                      Preferred Name

---

Social Security Number (Required for U.S. residents)                      Driver's License                      State

---

Date of Birth                      Birthplace (City/State/Country)                       Male     Female

Month    Day    Year

---

Permanent Home Address                      APT #

---

City/State                      Zip/Postal Code                      Country

---

Email                      Home Phone                      Work/Cell Phone

**REFERRAL SOURCE**

Television

Newspaper

Radio

Magazine

Direct Mail

Internet

H.S counselor

Social Media \_\_\_\_\_

Word of Mouth

Other \_\_\_\_\_

**CITIZENSHIP**

U.S. Citizen

Permanent Resident  
(Copy of green card required)  
Alien Registration Number: \_\_\_\_\_

Non-U.S. Citizen  
Country of citizenship: \_\_\_\_\_

Visa type: \_\_\_\_\_

**ETHNICITY please check all that apply**  
(Optional – for research purposes only)

Hispanic

American Indian / Alaskan Native

Black / Non-Hispanic

Asian / Pacific Islander

Native Hawaiian / Pacific Islander

White

Unknown

*Information does not affect admission decision.*

**ENROLLMENT TERM**

Fall (October)    20\_\_\_\_

Spring (February)    20\_\_\_\_

Summer (June)    20\_\_\_\_

**Associate of Arts**

Fashion Design & Product Dev.

Interior Design

**Associate of Science**

Merchandise Mktg. & Mgmt.

Information Technology

Name of High School

---

City/State                      Graduation Date                      - or -    GED     Yes     No                      -or-    Home Schooled     Yes     No

Month    Day    Year

---

Previous College Attended

Did you earn a Degree?  Associate's  Bachelor's  No                      If so what degree did you earn? \_\_\_\_\_

---

Father     Guardian     Spouse                       Mother     Guardian     Spouse

Name                      Name

---

Address                      Address

---

City/State/Zip                      City/State/Zip

---

Email                      Email

---

Home Phone                      Work/Cell Phone                      Home Phone                      Work/Cell Phone

---

Employer                      Position                      Employer                      Position

---

Do you need to apply for federal financial assistance? (For U.S. citizens and permanent residents only)  
(New FAFSA form is available at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) . Wade College code is 010130.)                       Yes     No

Are you eligible for Veteran's Education Benefits?     Yes     No

---

Housing:     With Parents                       On own

If admitted, I agree to abide by the rules and regulations of Wade College. Furthermore, the information on this application is true to the best of my knowledge. I understand the material submitted with this application becomes the property of Wade College and will not be released to another party.

Signature of Applicant (To be signed in person)                      Date

---

Month    Day    Year

**SEND APPLICATION TO:**  
ADMISSIONS DEPARTMENT  
1950 N Stemmons Frwy  
Suite 4080 LB 562  
DALLAS, TX 75207

**FOR FURTHER INFORMATION, CONTACT:**  
WADE COLLEGE  
main 214-637-3530 | fax 214-637-0827  
[admissions@wadecollege.edu](mailto:admissions@wadecollege.edu)  
or [wadecollege.edu](http://wadecollege.edu)

**OFFICE USE**

Admissions Coordinator: \_\_\_\_\_

Paid: \_\_\_\_\_

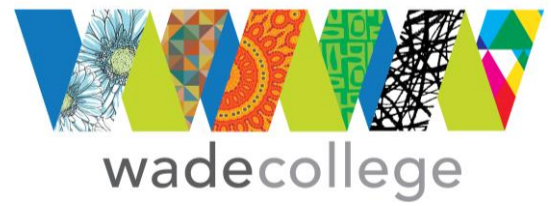
Cash

Check

Money Order

Credit Card

# REQUEST FOR HIGH SCHOOL TRANSCRIPT OR GED



Congratulations on deciding to further your education with Wade College!

In order to complete your application, we must receive an official copy of EITHER your high school transcript OR your Graduate Equivalency Diploma (GED). **Please complete Section A.** (Student Information), **Section B.** (Request for High School Transcript—if you are a high school graduate) **OR Section C.** (Request for Graduate Equivalency Diploma—if you received your GED), **AND Section D.** (Permission for Release of Information).

## A. STUDENT INFORMATION

Applicant's Full Legal Name \_\_\_\_\_  
 First (Given) Name                      Middle Name                      Last (Family) Name                      Name at Time of Graduation or GED

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Month    Day    Year

Permanent Home Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

## B. REQUEST FOR HIGH SCHOOL TRANSCRIPT

Name of High School \_\_\_\_\_ Graduation Date \_\_\_\_\_  
 Month    Day    Year

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

\*Note to High School: Please mail an official copy of this applicant's high school transcript to the address listed below. Also, please fax an unofficial copy of the transcript to the number listed below to aid in expedition of the application process. If there is a fee involved in processing this request, please contact Tina Williams at Wade College at the number provided below.

## C. REQUEST FOR GRADUATE EQUIVALENCY DIPLOMA

City/State of GED Testing \_\_\_\_\_ Testing Date \_\_\_\_\_  
 Month    Day    Year

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

\*Note to GED Testing Center: Please mail an official copy of this applicant's Graduate Equivalency Diploma to the address listed below. Also, please fax an unofficial copy of the GED to the number listed below to aid in expedition of the application process. If there is a fee involved in processing this request, please contact Tina Williams at Wade College at the number provided below.

## D. PERMISSION FOR RELEASE OF INFORMATION

As the student listed above in Section A. of this document, I give permission to release the requested information to Wade College.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Month    Day    Year

**MAIL OFFICIAL TRANSCRIPT/GED TO:**  
 WADE COLLEGE  
 ATTN: FINANCIAL SERVICES DEPARTMENT  
 1950 N. STEMMONS FREEWAY,  
 SUITE 4080, LB 562, DALLAS, TX 75207

**FAX UNOFFICIAL TRANSCRIPT/GED TO:**  
 WADE COLLEGE  
 ATTN: FINANCIAL SERVICES DEPARTMENT  
 FAX: 214-637-0827

**FOR FURTHER INFORMATION,  
 CONTACT:**  
 FINANCIAL SERVICES DEPARTMENT  
 214-637-3530 | 800-624-4850



# College Transfer Credit Request

Name:

Other Name:

**I DO / I DO NOT have transfer credit (please circle one)**

If you have transfer credit, please list the institution(s) where you have credit:


Signature:

Date:

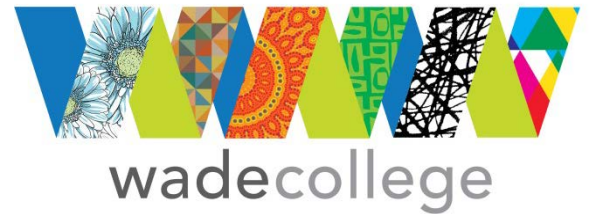
**Procedure for requesting transfer credit:**

1. Complete this form.
2. Request OFFICIAL COPIES of all college transcripts that you wish to be evaluated. Transcripts must be official copies sent from the college or university. Wade College does not accept unofficial copies, faxed copies, or copies delivered or mailed by the student. (Note: An unofficial copy may be used for pre-determination of potential applicability of transfer credit. Pre-determination however, is not a definitive guarantee as to the transferability of credit.)
3. After receipt of this form and the official transcripts, the registrar will evaluate the transcripts and award transfer credit, if any is found to be applicable.
  - a. A degree plan noting such transfer credit will be created.
  - b. Transfer credit will be noted on your official Wade College transcript.
4. At orientation, the Registrar will advise you to which credits, if any, have been accepted by Wade College.
  - a. You will be required to verify that you have been advised of which credits, if any, were accepted by Wade College

**Additional information:**

1. Only grades of "C" or higher are accepted for consideration as transfer credit.
2. Only courses taken at institution accredited by an organization recognized by either the Council for Higher Education Accreditation or the United States Department of Education will be considered for transfer credit.
3. Wade College does not accept vocational courses, development or remedial courses, English as a Second Language (ESL) courses, College Prep courses, Distance Learning courses, or experiential learning courses for transfer credit. Courses taken on a noncredit basis will not be accepted for transfer credit.
4. Pass/fail courses and/ or satisfactory/ unsatisfactory courses will not be considered for transfer credit.
5. Only official transcripts will be considered.
6. All materials submitted to Wade College during the application and transfer credit evaluation process become the property of the college and will not be returned to the applicant.
7. Transfer credit is limited to 70% of degree requirements, or fourteen (14) classes for the Associate degree and an additional fourteen (14) classes for the Bachelor's degree.

# Meningitis Vaccine Information



Beginning on January 1, 2012, all entering students are required to show evidence of an initial bacterial meningitis vaccine or a booster dose during the five-year period preceding and at least 10 days prior to the first day of the first trimester in which the student initially enrolls at an institution. An entering student includes a first-time student of an institution of higher education or private or independent institution of higher education and includes a transfer student, or a student who previously attended an institution of higher education before January 1, 2012, and who is enrolling in the same or another institution of higher education following a break in enrollment of at least one fall or spring trimester.

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 cause 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.

## Exceptions to Bacterial Meningitis Vaccination Requirement

- A student is not required to submit evidence of receiving the vaccination against bacterial meningitis if the student meets any of the following criteria: The student is 22 years of age or older by the first day of the start of the semester (effective 1/1/2014)

## A student is not required to submit evidence of receiving the vaccination against bacterial meningitis if the student submits to the institution:

- An affidavit or certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, stating that in the physician's opinion, the vaccination would be injurious to the health and well-being of the student; or
- An affidavit signed by the student stating that the student declines the vaccination for reasons of conscience, including a religious belief. A conscientious exemption form from the Texas Department of State Health Services (DSHS) must be used.

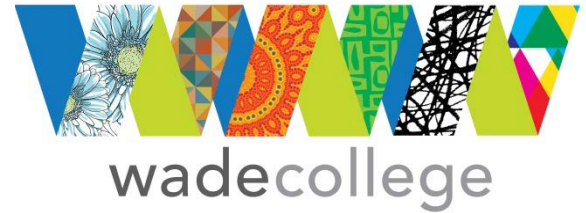
### Where can I get the meningococcal meningitis vaccine? How much does it cost?

Contact your primary care physician. The price of the meningitis vaccination depends on your insurance coverage and your physician's practice. Some insurance plans require a co-payment for preventative vaccinations, but others may fully cover the cost. The vaccine may also be available at area health care clinics and pharmacies. You may also wish to contact area public health agencies to ask whether the agency offers subsidized meningitis vaccine doses to lower-income, uninsured students. Availability varies by clinic site and demand.

Tarrant County Public Health: <http://health.tarrantcounty.com> for a list of public health clinics or call 817-321-4700.

Dallas County Health and Human Services: <http://www.dallascounty.org/department/hhs/> for a list of clinics and phone numbers or call 214-819-2162.

# News Release



**Student Name:**

\_\_\_\_\_

(please include a recent photograph either print or digital)

**Current Address:**

\_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

By signing this release form, I authorize Wade College, to use the following personal information:

- 1.) My picture- Including photographic, motion picture, and electronic (video) images.
- 2.) My voice-including sound and video recordings.
- 3.) My success as a student including employers, internships, and jobs worked.

I hereby grant to Wade College, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic form, sound, printed and electronic copy of the information describe in sections 1, 2, and 3 in any and all media including, without limitation, cable and broadcast television and the Internet, distribution, promotion, advertising, meetings, educational conferences, social media, brochures, and in any other print/digital media. The permission extends to all languages, media, formats and markets now known or hereafter devise. The permission shall continue forever unless I revoke the permission in writing.

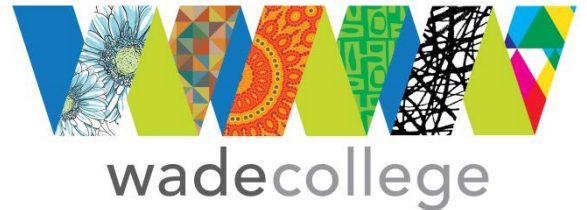
I acknowledge that I have read the foregoing and I fully understand the contents, and give Wade College permission to use my information.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

- I do not authorize Wade College to use the personal information as listed above.

**Student responsibilities to start  
Associate Degree**  
(to be completed in person)



**Student Name:** \_\_\_\_\_

Student's Best Number & Time to Contact: \_\_\_\_\_

Alternate Number/Contact: \_\_\_\_\_

Financial Services Meeting Date and Time: \_\_\_\_\_

Accuplacer Date and Time: \_\_\_\_\_

High School Transcripts (Official) Due By: \_\_\_\_\_

College Transcripts (Official) Due By: \_\_\_\_\_

Meningitis Shot or Waiver Due By: \_\_\_\_\_

\$125 Registration Fee: \_\_\_\_\_

Picture for Photo ID: \_\_\_\_\_

Orientation Date: \_\_\_\_\_ Orientation Time: \_\_\_\_\_

First Day of School: \_\_\_\_\_

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature

**Admissions Representative:** \_\_\_\_\_

Admissions: 214.658.8800

Direct Line: \_\_\_\_\_

Campus Number: 214.637.3530

Campus Fax: 214.637.0827

1950 N. Stemmons Freeway,  
Suite 4080, LD 562,  
Dallas, TX 75207