

Request for Individual Approval

Student Name		Student ID		
Semester	Year			
A person who is at least eig Individual Approval. A requ to the Director of Admission	est for admission	= -	-	
I am requesting individual a	pproval for the fol	lowing reason(s):		
□ Did not graduate from a n	=	•		
I understand the following I	imitations will be p	placed on my enrollment:		
=		order to determine a studesting exemptions page w		
Test Information:				
**Testing is required for	all Individual App	oval applicants.		
Test Type:		Test Date:		
Test Scores: Reading:	Math:	Writing/Verbal:	Essay:	
☐ I understand that be Financial Aid is subject to		a non-accredited high sch	ool, my eligibility for	
\square I understand that if	: I am awarded thr	ough the TWC Ability to B	enefit Grant I must	
complete 6 (six) credit h	nours successfully l	pefore I can be considered	d for financial aid.	
Student Signature		Date:		
Director of Admissions Sign	ature:	[Date:	