Tech Transfer Acceleration Program Fall 2010 TTAP Application

HOW TO APPLY

Application Deadline: June 18, 2010

Application and all supporting documents must be posted marked by June 18, 2010 to be considered for acceptance for the Fall 2010 term.

This application form in PDF format is designed for you to print, fill it out by hand and then mail to the TTAP office. Please note that this application form cannot be sent electronically. Faxed applications will not be accepted.

Complete admission application must include:

- Application form
- Official high school transcript reflecting at least six semesters of work completed, a grade point average computed on an unweighted 4.0 scale, and a rank in class.
- Official copies of your act and/or sat scores.
- Essay questions
- Teacher recommendation form

Applications will not be reviewed until all required documents have been received.

Please mail materials to:

Texas Tech University
Tech Transfer Acceleration Program
Box #45020
Lubbock, TX 79409-5020

APPLICANT						
Legal Name			First		Middle	
Social Security Number						
Birth Date//	Age	O Male	O Female			
Mailing Address						_
Phone Number ()			City	State	Zip Code	
You must answer the que	estions below. If yo	u ans wer "yes"	, please attach a state	ment of explanat	ion.	
Have you ever be	en convicted of a mi	sdemeanour, fel	ony, or other crime?	Q No	Q Yes	
from 9th grade for	ward, whether relate	ed to academic m	ry violation at any edu- nisconduct or behaviou n from the institution?	ral misconduct, w	hich resulted in	
P	ARENT AND P	ERMANENT	ADDRESS INFO	ORMATION		
With whom do you make	your permanent hom	e? OPar	ent 1 O Parent 2 (OBoth OLega	l Guardian 🔾 (Other
Parent 1: O Mother	O Father O Unkno	own	Parent 2: O M	Mother Q Fathe	r Q Unknown	
Is Parent 1 living?	Yes O No		Is Parent 2 living?	O Yes O	No	
Na me	First	Middle	Name $Last$	First	Mide	dle
Home Address			Home Address			
Home Phone ()			Home Phone (_)		
E-mail address			E-mail address			
Occupation			Occupation			
College (if any)			College (if any)			
Degree	Year		Degree		Year	
Graduate School (if any)_			Graduate School (if any)		
Degree	Year		Degree		Year	

HIGH SCHOOL EDUCATION Last High School Attended High School Address ____ Number and Street or P.O. Box City State zip code Dates of Attendance (MO/YR) _____ / ____ to ____ / ____ Early Graduate? Date of High School Graduation (mo/yr) / O Yes O No Rank in Class Class Size For how many terms? Counselor's Name E-Mail Address _____ Phone (___) ____ Fax (___) ____ List all other secondary schools, including summer schools as well as summer and other programs; you have attended, beginning with 9th grade. Address Dates Attended School Name ACT / SAT SCORES Indicate when you took the college entrance exam(s): ACT (mo/yr)____/___ SAT (mo/yr)____/___ English Science Reading Composite ACT Scores: Critical Reading Math Writing Composite SAT Scores: **COLLEGE EDUCATION** Please list all college courses that you have taken and have received college credit. Include college(s) where course work was completed through correspondence, extension, or through the post-secondary options act program. Dates if Attendance College/University City, State, and Zip Course Taken/Grade

Send official transcripts from each college attended to South Plains College <u>AND</u> Texas Tech University.

SENIOR YEAR SCHEDULE

Please list all high school courses you are now taking or took during your senior year of high school.

Course Titles	Credits	Term/ Year	Course Titles	Cred its	Term/ Year
		/			/
		/			/
					/
		/			/
		/			/
		/			/
		/			,

ESSAY QUESTIONS

Please thoroughly answer each question listed below. Attach your essay to the last page on a separate sheet(s). You must put your full name, date of birth, and name of secondary school one each sheet of paper. *Minimum of 160 words per question*.

- 1. Why do you believe TTAP will be a beneficial program for you and your academic needs?
- 2. What are your educational goals?
- 3. As a student, what strengths do you bring to the classroom?
- 4. What is one class that is a challenge in high school? How did you overcome the challenge?
- 5. What reason can you identify that you feel impeded your admission into Texas Tech University?
- 6. Describe the world you come from for example, your family, community or school and tell us how your world has shaped your dreams.
- 7. Tell us about a personal quality, talent, accomplishment, contribution or experience that is important to you. What about this quality or accomplishment makes you proud and how does it relate to the person you are?
- 8. On a scale of 1 10, how are your study skills.

ADDITIONAL INFORMATION

If there is any additional information you'd like to provide regarding special circumstances, additional qualifications, etc., please do so on a separate sheet of paper. You must put your full name, date of birth, and name of secondary school one each sheet of paper.

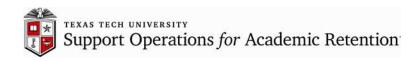
SIGNATURE			
• I hereby certify to the best of my knowledge that the information furnished on this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for delay of admission, loss of credit, rejection, or dismissal. I hereby consent to the release of my transcript(s) to Texas Tech University.			
APPLICANT'S SIGNATURE	D ATE		



TEACHER RECOMMENDATION FORM

To the applicant: Complete the information requested below and give this form to the person (previous high school teacher or college professor) serving as a reference along with a stamped envelope address to Texas Tech University, Tech Transfer Acceleration Program, Lubbock, TX, 79409-5020. Sign the waiver below if you want the recommender's comments to remain confidential. Letters of recommendation should be completed by previous teacher, current teacher, previous college professor, or current college professor only. Friends, family members, etc. cannot serve as a recommender for the applicant.

Applicant's Name:Last	First	Middle		
Applicant's Telephone: Applic	cant's Email:			
Recommender's Name:	First	Middle		
I waive my rights to ever see this form	n and any supplementary	notes or letters.		
Signature		Date		
Applicant: Do Not	Write Below This Line			
To the recommender: The person named above is applying for act University. We would appreciate having your appraisal of the appadditional letter if desired. Thank you for your assistance. How long have you known the applicant?	s than one year on ally of fairly well	nore than one year very well	ttach an	
Please rate the applicant on the characteristics shown below, by marking an X along the line to indicate your assessment.				
	Weak	Strong	Can't Judge	
 a. Capacity for analytical thinking b. Accepts responsibility c. Motivation and enthusiasm d. Organizational ability e. Ability to work with colleagues f. Ability to handle stressful situations effectively g. Possesses integrity 	0 10 20 30 40 50 60	0 70 80 90 100		



Do you have knowledge of the applicant ever behaving in an unethical or unprofessional manner?					
O Yes	QNo	O If yes, please explain l	pelow.		
Statements about the	he candidate's		essfully completing the program of study. , character and integrity, and interpersonal ur program.		
If you alone were	making the d		ent which of the following would heat		
describe your dec	-	ecision to accept this applica	ant, which of the following would best		
 Recruit – will be a truly outstanding student and professional Definitely accept – will complete the degree at a superior level Accept – will complete the program at a superior level Accept – with reservations about the ability or motivation Accept – with reservations Do not accept (please explain below) 					
The application will not be reviewed until all recommendations are received.					
Name:	mme:Signature:				
Position:					
Address:					
Office Phone:		Home Phone:	Cell Phone:		
Email:		Date:			
		Thank you for your as			

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