Please complete, sign and fax this form to 1.972.548.6702. You may also scan and email it to <u>Admissions@collin.edu</u> This form allows you extra time to obtain your official transcripts for <u>admission purposes only</u>. You, as the student are responsible for contacting an advisor to discuss pre-requisites before registration.

## Admissions and Records

## CONDITIONAL ADMISSIONS CONTRACT Dual Credit Graduating Senior Official Document: Please Read

Last Name	First Name	Middle	
CWID Number or Date of	Birth	Term (Semeste	er/Year)
chool <b>official</b> transcrip provide the transcript b	to register on a conditional b ot which reflects your gradua by the specified date will jeo you will be ineligible to rece	tion information and final pardize your future enroll	grades. Fail ment at Colli
	Transcript required:	(Name of High School)	
			- <b>t</b>
Above	transcript is due by:	(See due da	ates below)
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