

P.O. Box 1470 \cdot US Hwy. 80 E at PR. 7631 \cdot Hawkins, Texas 75765 903.730.4890 \cdot www.jarvis.edu

Office of Admissions & Recruitment

INTENT TO ENROLL FORM

Return this form by March 15th to accept your admissions status for the fall semester.

Fax to 844-429-5290 or email to recruitment@iarvis.edu

T ax to 044-42)	7-3270 of Cilian to I	recruitment@jarvis.euu
Date		
Name		
(please print)		
Student ID#		
Address:		City:
State:	ZIP Code:	Phone: ()
Alternate (cell) Phone: ()	Emai	il:
Dloose abook t	he ention and fill o	out the respective fields:
Please check the option and fill out the respective fields:		
I accept admission for the fall semester		
My signature indicates that I am accepting my offer of admission at Jarvis Christian College beginning fall 2020. Signing this form also indicates the following: I will submit the FAFSA (school code 003637)		
I will create a UNCF profile and submit the general application		
(www.uncf.org/scholarships) I will submit official final high school transcripts by August 1		
I will submit official SAT/ACT score reports by August 1 I will submit meningitis vaccination records by August 1		
		the Division of Student Services by
February 15		
Student Signature:		
For official use only.		
Date Received: Date processed:		
JCC Personnel Signature:		

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