

First Name *Please print*

Last Name

Middle Name

Mailing Address

City

State

Zip Code

Date of Birth *MM/DD/YYYY*

E-Mail

Phone Number

Academic Interest

Current School

Anticipated Entry Term

- ☐ Fall
☐ Spring
☐ Summer

Complete the form online at inquire.ttu.edu.

Notice Concerning Your Information

The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that Texas Tech University collects about you. It gives you the right to request a copy of that information and to have the university revise any information that is incorrect. You may request this information by contacting the office possessing such information.



TEXAS TECH UNIVERSITY

Undergraduate Admissions™

☐ Red Raider Bound

Ethnicity *(optional)*

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