

Application for Admission

LAST NAME: FIRST NAME:	
PLEASE CHOOSE ONE OF THE FOLLOWING:	
☐ NEW STUDENT APPLYING FOR THE FIRST TIME	STAFF INITIALS
* MUST PAY \$20 NON-REFUNDABLE APPLICATION FEE	
☐ ADMISSIONS UPDATE (APPLIED BUT NOT YET ATTENDED)	STAFF INITIALS
☐ APPLIED LESS THAN 1 YEAR AGO	
☐ APPLIED OVER A YEAR AGO (MUST RESUBMIT ALL DOCUMENTS)	
□ READMIT STUDENT	STAFF INITIALS
☐ I WAS A CTC STUDENT WHILE STILL IN HIGH SCHOOL	
☐ I AM RETURNING FROM ACADEMIC SUSPENSION	
☐ I AM GRADUATING/HAVE GRADUATED FROM A CURRENT CTC PROGRAM	
☐ I HAVE NOT ATTENDED CLASSES IN 1 YEAR (3 SEMESTERS)	
☐ I HAVE NOT ATTENDED CLASSES IN OVER 5 YEARS (MUST RESUBMIT ALL DOCUMENTS)

FOR OFFICE USE ONLY:	STUDENT ID:	RECEIPT #:
	DATE APPLICATION FEE RECEIVED:	INITIALS:

SECTION 1 PERSONAL INFORMATION																									
SOCIAL SECUF	RITY NUMBER														DATE OF BIRTH				Ī						
LAST NAME	LAST NAME FIRST NAME MIDDLE NAM									ME															
PHONE NUMBER ALL PREVIOUS NAMES USED																									
EMAIL ADDRESS																									
MAILING ADD	RESS											CITY	·						S	TATE			ZIP		
COUNTY (CHE	COUNTY (CHECK ONE):																								
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SECTION 2	STATISTICAL	. DAT	A												ED FOR PURPOSE T BE USED IN DET									1PLI	ANCE
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GENDER	□ N	1ALE			FEN	1ALE							⊒ AM ⊒ ASI		ICAN INDIAN OI	R A	LAS	KAN	NA	TIVE	(1)				
ARE YOU HISF	ARE YOU HISPANIC OR LATINO? YES NO BLACK OR AFRICAN AMERICAN (3) NATIVE HAWAIIAN OR PACIFIC ISLANDER (4) WHITE (5)																								
DID YOUR MOTHER GRADUATE FROM COLLEGE?																									
DID YOUR FATHER GRADUATE FROM COLLEGE?																									
SECTION 3	MII ITARV IN	IFORN	ΛΔΤΙ)N																					
ARE YOU CUR					AN,	A ME	MBE	R C	OF TH	E NA	TIO	NAL	GUAR	D,							0	YE	 S		NO NO
OR A RESERVI	ST IN THE U.S	. ARM	ED FO	RCES?	?																				
IF YES, WHA	T BRANCH?																								
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ARE YOU A DE										A M	EM	BER (OF THE	Ξ								YE	S		NO
IF YES, WHAT BRANCH?																									
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NAME: SS#:

SECTION 4A RESIDENCY INFORMATION											
ARE YOU A U.S. CITIZEN?	IF YES , PLEASE GO TO	O SECTION 4B									
F NO, ARE YOU A PERMANENT RESIDENT? PYES PNO IF YES, WHAT IS YOUR COUNTRY OF CITIZENSHIP?											
NOTE: PERMANENT RESIDENT CARD MUST BE PRESENTED FOR IN-STATE OR OUT-OF-STATE TUITION CONSIDERATION											
IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, PLEASE ANSWER THE FOLLOWING QUESTIONS:											
WHAT IS YOUR CURRENT VISA STATUS? DO YOU NEED AN F OR M STUDENT VISA? NO											
WHAT IS YOUR COUNTRY OF CITIZENSHIP?	VHAT IS YOUR COUNTRY OF CITIZENSHIP? WHAT IS YOUR COUNTRY OF BIRTH?										
SECTION 4B RESIDENCY INFORMATION											
CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS.											
NOTE: THIS WILL BE USED TO DETERMINE TUITION RATES AND FINANCIAL AID ELIGIBILITY. FAILURE TO PROVIDE ACCURATE VALID INFORMATION MAY IMPACT TUITION.											
☐ I AM 24 YEARS OLD OR OLDER 1. HAVE YOU LIVED IN THE STATE OF GEORGIA FOR THE LAST 12 CONSECUTIVE MONTHS? ☐ YES ☐ NO											
I AM UNDER 24 YEARS OLD AND MY PARENTS/GUARDIAN CLAIMED ME ON THEIR MOST RECENT TAX RETURN 1. WHAT IS YOUR PARENT/GUARDIAN'S LEGAL STATE OF RESIDENCE? 2. HOW LONG HAVE THEY CONTINUOUSLY LIVED IN THE STATE LISTED? YEARSMONTHS											
☐ I AM UNDER 24 AND NO ONE CLAIMED ME ON THEIR MOST RECENT TAX RETURN 1. HAVE YOU LIVED IN THE STATE OF GEORGIA FOR THE LAST 12 CONSECUTIVE MONTHS? ☐ YES ☐ NO											
SECTION 4C RESIDENCY INFORMATION											
DO YOU WANT TO BE CONSIDERED FOR IN-STATE TUITION IF YOU ARE ELIGIBLE? IF YES, ADDITITONAL DOCUMENTATION W BE REQUIRED.											
SECTION 5 PROGRAM INFORMATION											
PROGRAM OF STUDY:	TERM:	ENTERING STATUS:									
	SUMMER	☐ BEGINNING									
	SEMESTER 	☐ TRANSFER									
☐ DEGREE ☐ DIPLOMA ☐ CERTIFICATE	FALL SEMESTER	☐ RETURNING									
	☐ SPRING	☐ HIGH SCHOOL									
SPECIALIZATION OR HEALTH SCIENCE PROGRAM DESIRED:	SEMESTER	☐ TRANSIENT (YOUR PROGRAM OF STUDY WILL BE LISTED AS TRANSIENT)									
	YEAR:	SPECIAL ADMIT (YOUR PROGRAM OF STUDY WILL BE LISTED AS SPECIAL ADMIT)									

NAME: SS#:

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SECTION 6 HIGH SCHOOL	INFORMATION			
		ACCEPT SPECIAL EDUCATION DIPL HAVE THE APPROPRIATE ACCREDI		
CHOOSE ONE OF THE FOLLOW	/ING:			
☐ I GRADUATED FROM		(NAME	OF HIGH SCHOOL)	YEAR:
☐ I WILL GRADUATE FROM _		(NAME	OF HIGH SCHOOL)	YEAR:
☐ I EARNED MY GED IN	(YEAR)	☐ I WILL EARN MY GED IN	(YEAR)
SECTION 7 COLLEGE INFO	RMATION PLEASE	LIST <u>ALL</u> COLLEGES, UNIVERSITIES A	ND TECHNICAL SCH	OOLS ATTENDED:
		FROM:	TO:	
NA NA	ME OF SCHOOL			DEGREE EARNED
NA	ME OF SCHOOL	FROM:	10:	DEGREE EARNED
		FROM:	TO:	
NA	ME OF SCHOOL			DEGREE EARNED
NA NA	ME OF SCHOOL	FROM:	TO:	DEGREE EARNED
SEALED ENVELOPE FROM THE ALL POST SECONDARY INSTITU	ISSUING INSTITUTION. ALL F UTIONS MUST HAVE APPROP	SCHOOLS MUST BE RECEIVED BY COREIGN TRANSCRIPTS MUST BE EVARIATE ACCREDITATION FOR ACCE	ALUATED BY AN <u>API</u> PTANCE.	PROVED EVALUATION AGENC
	ANT TO O.C.G.A 16-10-20, IT IS A ULT IN DISMISSAL FROM THE CO	A FELONY TO MAKE A FALSE STATEMEN' DLEGE.	Γ ON ANY STATE DOCU	IMENT. IN ADDITION, MAKING A
I CERTIFY THAT BY SIGNING	THIS APPLICATION I HAVE INCUR	RED A \$20 APPLICATION FEE AND THAT	FEE IS NON-REFUNDA	BLE.
• ALL MATERIALS SUBMITTED APPLICANT.	FOR APPLICATION BECOME THE	PROPERTY OF CHATTAHOOCHEE TECHN	IICAL COLLEGE AND W	ILL NOT BE RETURNED TO THE
• I GIVE PERMISSION FOR MY	LIKENESS, VOICE, OR COMMENT	S TO BE USED IN ANY PROMOTIONAL IT	EM ON BEHALF OF CTO	3.
• I GIVE PERMISSION FOR CTC	TO RELEASE INFORMATION TO I	POTENTIAL EMPLOYERS AS PART OF THE	JOB PLACEMENT SER	VICE PROVIDED BY THE COLLEGE.
• I UNDERSTAND THAT CTC IS	NOT LIABLE FOR ANY EMERGEN	CY MEDICAL ATTENTION PROVIDED NO	R FOR CHARGES INCUR	RED FROM SUCH.
I GIVE CTC PERMISSION TO C	CONTACT ME AT THE TELEPHONE	E NUMBERS I HAVE PROVIDED VIA ANY I	MEANS, INCLUDING TE	XT MESSAGE OR VOICE.
	SIGNATURE			DATE

Chattahoochee Technical College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees. Inquiries related to the college's accreditation by the Commission may be directed to SACSCOC, 1866 Southern Lane, Decatur, Georgia 30033-4097 or telephone 404-679-4500. Questions related to admissions and the policies, programs, and practices of Chattahoochee Technical College should be directed to the College.

The Chattahoochee Technical College does not discriminate on the basis of race, color, national origin, gender, age or disability. The following person(s) has been designated to handle inquiries regarding the non-discrimination policies: Chattahoochee Technical College Title IX Coordinator, Cheri Mattox-Carroll, 5198 Ross Road, Room 132N, Acworth, GA 30102, (770) 975-4152 or (770) 528-5805, or cheri.mattox-carroll@chattahoocheetech.edu or Chattahoochee Technical College Section 504 Coordinator, Mary Frances Bernard, 980 South Cobb Drive, Building G1106, Marietta, GA 30060, (770) 528-4529, or maryfrances.bernard@chattahoocheetech.edu.