



# Chattahoochee TECHNICAL COLLEGE

## Application for Admission

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

CTC STUDENT ID #: \_\_\_\_\_

☐ **NEW STUDENT — \$20 NON-REFUNDABLE APPLICATION FEE**

- APPLYING FOR THE FIRST TIME

☐ **READMIT STUDENT — \$10 NON-REFUNDABLE READMIT FEE**

- NOT APPLIED, READMITTED OR ATTENDED IN OVER ONE YEAR (3 SEMESTERS)

☐ **UPDATE— NO FEE**

- APPLIED, READMITTED OR ATTENDED DURING THE LAST YEAR (3 SEMESTERS)

**FOR ADMISSIONS OFFICE USE ONLY:**

READMIT REASON (OVER 1 YEAR GO):

- ☐ APPLIED BUT NEVER ATTENDED
- ☐ CTC STUDENT WHILE STILL IN HIGH SCHOOL
- ☐ RETURNING FROM AN ACADEMIC SUSPENSION
- ☐ GRADUATED FROM A CURRENT CTC PROGRAM
- ☐ NOT ATTENDED CLASSES IN 1 YEAR (3 SEMESTERS)
- ☐ NOT ATTENDED CLASSES IN OVER 5 YEARS

STAFF INITIALS \_\_\_\_\_

UPDATE REASON (LESS THAN 1 YEAR AGO):

- ☐ APPLIED BUT NEVER ATTENDED
- ☐ READMITTED BUT NEVER ATTENDED
- ☐ CTC STUDENT WHILE STILL IN HIGH SCHOOL DURING THE PAST YEAR (3 SEMESTERS)
- ☐ RETURNING FROM AN ACADEMIC SUSPENSION
- ☐ GRADUATING/HAVE GRADUATED FROM A CURRENT CTC PROGRAM

STAFF INITIALS \_\_\_\_\_

**FOR BURSAR OFFICE USE ONLY:** STUDENT ID: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

DATE APPLICATION FEE RECEIVED: \_\_\_\_\_ INITIALS: \_\_\_\_\_

**SECTION 1 PERSONAL INFORMATION**

SOCIAL SECURITY NUMBER								<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DATE OF BIRTH				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
LAST NAME										FIRST NAME										MIDDLE NAME														
PHONE NUMBER															ALL PREVIOUS NAMES USED																			
EMAIL ADDRESS																																		
MAILING ADDRESS															CITY										STATE					ZIP				
COUNTY (CHECK ONE): <input type="checkbox"/> BARTOW <input type="checkbox"/> CHEROKEE <input type="checkbox"/> COBB <input type="checkbox"/> GILMER <input type="checkbox"/> PAULDING <input type="checkbox"/> PICKENS <input type="checkbox"/> OTHER: _____																																		

**SECTION 2 STATISTICAL DATA**

THIS INFORMATION IS REQUIRED FOR PURPOSES OF REPORTING TO FEDERAL COMPLIANCE AGENCIES ONLY AND WILL NOT BE USED IN DETERMINING ADMISSIONS STATUS

GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE										RACE: <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE (1) <input type="checkbox"/> ASIAN (2) <input type="checkbox"/> BLACK OR AFRICAN AMERICAN (3) <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER (4) <input type="checkbox"/> WHITE (5)														
ARE YOU HISPANIC OR LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO																								
DID YOUR MOTHER GRADUATE FROM COLLEGE?															<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN									
DID YOUR FATHER GRADUATE FROM COLLEGE?															<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN									

**SECTION 3 MILITARY INFORMATION**

ARE YOU CURRENTLY ACTIVE DUTY, A VETERAN, A MEMBER OF THE NATIONAL GUARD, OR A RESERVIST IN THE U.S. ARMED FORCES?															<input type="checkbox"/> YES <input type="checkbox"/> NO																									
IF YES, WHAT BRANCH?																																								
<table><tr><td><input type="checkbox"/> MAA</td><td>MILITARY ACTIVE ARMY</td></tr><tr><td><input type="checkbox"/> MAC</td><td>MILITARY ACTIVE COAST GUARD</td></tr><tr><td><input type="checkbox"/> MAF</td><td>MILITARY ACTIVE AIR FORCE</td></tr><tr><td><input type="checkbox"/> MAM</td><td>MILITARY ACTIVE MARINE</td></tr><tr><td><input type="checkbox"/> MAN</td><td>MILITARY ACTIVE NAVY</td></tr><tr><td><input type="checkbox"/> MG</td><td>MILITARY NATIONAL GUARD</td></tr><tr><td><input type="checkbox"/> MR</td><td>MILITARY RESERVIST</td></tr><tr><td><input type="checkbox"/> MV</td><td>MILITARY VETERAN</td></tr></table>																									<input type="checkbox"/> MAA	MILITARY ACTIVE ARMY	<input type="checkbox"/> MAC	MILITARY ACTIVE COAST GUARD	<input type="checkbox"/> MAF	MILITARY ACTIVE AIR FORCE	<input type="checkbox"/> MAM	MILITARY ACTIVE MARINE	<input type="checkbox"/> MAN	MILITARY ACTIVE NAVY	<input type="checkbox"/> MG	MILITARY NATIONAL GUARD	<input type="checkbox"/> MR	MILITARY RESERVIST	<input type="checkbox"/> MV	MILITARY VETERAN
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ARE YOU A DEPENDENT/SPOUSE OF AN ACTIVE DUTY, A VETERAN, A MEMBER OF THE NATIONAL GUARD, OR A RESERVIST IN THE U.S. ARMED FORCES?															<input type="checkbox"/> YES <input type="checkbox"/> NO																									
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NAME:	SS#:
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**SECTION 4A RESIDENCY INFORMATION**

ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF YES,</b> PLEASE GO TO SECTION 4B
<b>IF NO,</b> ARE YOU A PERMANENT RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF YES,</b> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT 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.

<input type="checkbox"/> I AM 24 YEARS OLD OR OLDER 1. HAVE YOU LIVED IN THE STATE OF GEORGIA FOR THE LAST 12 CONSECUTIVE MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> 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?     _____ YEARS     _____ MONTHS
<input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 4C RESIDENCY INFORMATION**

DO YOU WANT TO BE CONSIDERED FOR IN-STATE TUITION IF YOU ARE ELIGIBLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES,</b> ADDITIONAL DOCUMENTATION WILL BE REQUIRED.
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**SECTION 5 PROGRAM INFORMATION**

PROGRAM OF STUDY: _____  <input type="checkbox"/> DEGREE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERTIFICATE	TERM:  <input type="checkbox"/> SUMMER SEMESTER  <input type="checkbox"/> FALL SEMESTER  <input type="checkbox"/> SPRING SEMESTER  YEAR: _____	ENTERING STATUS:  <input type="checkbox"/> BEGINNING <input type="checkbox"/> TRANSFER <input type="checkbox"/> RETURNING <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> TRANSIENT (YOUR PROGRAM OF STUDY WILL BE LISTED AS TRANSIENT) <input type="checkbox"/> NON-DEGREE SEEKING (YOUR PROGRAM OF STUDY WILL BE LISTED AS NON-DEGREE SEEKING)
SPECIALIZATION OR HEALTH SCIENCE PROGRAM DESIRED: _____		

NAME: _____	SS#: _____	
<b>SECTION 6 HIGH SCHOOL INFORMATION</b>		
<b>CHATTAHOOCHEE TECHNICAL COLLEGE DOES NOT ACCEPT SPECIAL EDUCATION DIPLOMAS OR CERTIFICATES OF PERFORMANCE.</b> <b>ALL SECONDARY SCHOOLS MUST HAVE THE APPROPRIATE ACCREDITATION FOR ACCEPTANCE.</b>		
CHOOSE <b>ONE</b> OF THE FOLLOWING:		
<input type="checkbox"/> I GRADUATED FROM _____ (NAME OF HIGH SCHOOL)	YEAR: _____	
<input type="checkbox"/> I WILL GRADUATE FROM _____ (NAME OF HIGH SCHOOL)	YEAR: _____	
<input type="checkbox"/> I EARNED MY GED IN _____ (YEAR)	<input type="checkbox"/> I WILL EARN MY GED IN _____ (YEAR)	
<b>SECTION 7 COLLEGE INFORMATION</b> <span style="float: right;">PLEASE LIST <u>ALL</u> COLLEGES, UNIVERSITIES AND TECHNICAL SCHOOLS ATTENDED:</span>		
_____	FROM: _____ TO: _____	_____
NAME OF SCHOOL		DEGREE EARNED
_____	FROM: _____ TO: _____	_____
NAME OF SCHOOL		DEGREE EARNED
_____	FROM: _____ TO: _____	_____
NAME OF SCHOOL		DEGREE EARNED
_____	FROM: _____ TO: _____	_____
NAME OF SCHOOL		DEGREE EARNED
<b>OFFICIAL TRANSCRIPTS FROM ALL PREVIOUSLY ATTENDED SCHOOLS MUST BE RECEIVED BY CHATTAHOOCHEE TECHNICAL COLLEGE IN A SEALED ENVELOPE FROM THE ISSUING INSTITUTION. ALL FOREIGN TRANSCRIPTS MUST BE EVALUATED BY AN <u>APPROVED</u> EVALUATION AGENCY.</b>		

MY SIGNATURE ON THIS APPLICATION IS MY ACKNOWLEDGMENT OF AN AGREEMENT WITH THE STATEMENTS THAT FOLLOW:

- I UNDERSTAND THAT PURSUANT TO O.C.G.A 16-10-20, IT IS A FELONY TO MAKE A FALSE STATEMENT ON ANY STATE DOCUMENT. IN ADDITION, MAKING A FALSE STATEMENT MAY RESULT IN DISMISSAL FROM THE COLLEGE.
- I CERTIFY THAT BY SIGNING THIS APPLICATION I HAVE INCURRED A \$20 APPLICATION FEE AND THAT FEE IS NON-REFUNDABLE.
- ALL MATERIALS SUBMITTED FOR APPLICATION BECOME THE PROPERTY OF CHATTAHOOCHEE TECHNICAL COLLEGE AND WILL NOT BE RETURNED TO THE APPLICANT.
- I GIVE PERMISSION FOR MY LIKENESS, VOICE, OR COMMENTS TO BE USED IN ANY PROMOTIONAL ITEM ON BEHALF OF CTC.
- I GIVE PERMISSION FOR CTC TO RELEASE INFORMATION TO POTENTIAL EMPLOYERS AS PART OF THE JOB PLACEMENT SERVICE PROVIDED BY THE COLLEGE.
- I UNDERSTAND THAT CTC IS NOT LIABLE FOR ANY EMERGENCY MEDICAL ATTENTION PROVIDED NOR FOR CHARGES INCURRED FROM SUCH.
- I GIVE CTC PERMISSION TO CONTACT ME AT THE TELEPHONE NUMBERS I HAVE PROVIDED VIA ANY MEANS, INCLUDING TEXT MESSAGE OR VOICE.

SIGNATURE	DATE
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*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.matttox-carroll@chattahoocheetech.edu](mailto:cheri.matttox-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](mailto:maryfrances.bernard@chattahoocheetech.edu).*