Application for Admission

LAST NAME: ________________________________ FIRST NAME: ________________________________ MI: _____

CTC STUDENT ID #: ______________________________________________

☐ NEW STUDENT — $20 NON-REFUNDABLE APPLICATION FEE
  • APPLYING TO CTC FOR THE FIRST TIME

☐ RETURNING STUDENT — $20 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 AGO):

☐ 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'S OFFICE USE ONLY:  STUDENT ID: ___________________________ RECEIPT #: ___________________________

DATE APPLICATION FEE RECEIVED: ________________ INITIALS: ____________________________
SECTION 1 PERSONAL INFORMATION

SOCIAL SECURITY NUMBER _____________________________ DATE OF BIRTH _____________________________

LAST NAME _____________________________ FIRST NAME _____________________________ MIDDLE NAME _____________________________

PHONE NUMBER _____________________________ ALL PREVIOUS NAMES USED _____________________________

EMAIL ADDRESS (This email is assumed to be secure; details regarding your application will be sent here.) _____________________________

MAILING ADDRESS _____________________________ CITY _____________________________ STATE _____________________________ ZIP _____________________________

COUNTY (CHECK ONE):

☐ BARTOW  ☐ CHEROKEE  ☐ COBB  ☐ GILMER  ☐ PAULDING  ☐ PICKENS  ☐ 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: ☐ MALE  ☐ FEMALE

RACE: ☐ AMERICAN INDIAN OR ALASKAN NATIVE (1)  ☐ ASIAN (2)  ☐ BLACK OR AFRICAN AMERICAN (3)  ☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER (4)

ARE YOU HISPANIC OR LATINO? ☐ YES  ☐ NO

DID YOUR MOTHER GRADUATE FROM COLLEGE? ☐ YES  ☐ NO  ☐ UNKNOWN

DID YOUR FATHER GRADUATE FROM COLLEGE? ☐ YES  ☐ NO  ☐ 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? ☐ YES  ☐ NO

IF YES, WHAT BRANCH?

☐ MAA MILITARY ACTIVE ARMY  ☐ MAC MILITARY ACTIVE COAST GUARD  ☐ MAF MILITARY ACTIVE AIR FORCE  ☐ MAM MILITARY ACTIVE MARINE  ☐ MAN MILITARY ACTIVE NAVY  ☐ MG MILITARY NATIONAL GUARD  ☐ MR MILITARY RESERVIST  ☐ MV MILITARY VETERAN

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? ☐ YES  ☐ NO

IF YES, WHAT BRANCH?

☐ RAA DEPENDENT/SPOUSE ACTIVE ARMY  ☐ RAC DEPENDENT/SPOUSE ACTIVE COAST GUARD  ☐ RAF DEPENDENT/SPOUSE ACTIVE AIR FORCE  ☐ RAM DEPENDENT/SPOUSE ACTIVE MARINE  ☐ RAN DEPENDENT/SPOUSE ACTIVE NAVY  ☐ RG DEPENDENT/SPOUSE NATIONAL GUARD  ☐ RR DEPENDENT/SPOUSE RESERVIST  ☐ RV DEPENDENT/SPOUSE VETERAN
**SECTION 4A  RESIDENCY INFORMATION**

**ARE YOU A U.S. CITIZEN?**  
- [ ] YES  
- [ ] NO  

*IF YES, PLEASE GO TO SECTION 4B*

**IF NO, ARE YOU A PERMANENT RESIDENT?**  
- [ ] YES  
- [ ] NO  

*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?**  
- [ ] YES  
- [ ] 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.*

- [ ] 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?  
  _______YEARS _______MONTHS

- [ ] 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?**  
- [ ] YES  
- [ ] NO  

*IF YES, ADDITIONAL DOCUMENTATION WILL BE REQUIRED.*

**SECTION 5  PROGRAM INFORMATION**

**PROGRAM OF STUDY:**  
__________________________________________________________

- [ ] DEGREE  
- [ ] DIPLOMA  
- [ ] CERTIFICATE

**SPECIALIZATION OR HEALTH SCIENCE PROGRAM DESIRED:**  
__________________________________________________________

**TERM:**  
- [ ] SUMMER SEMESTER  
- [ ] FALL SEMESTER  
- [ ] SPRING SEMESTER

**ENTERING STATUS:**  
- [ ] BEGINNING  
- [ ] TRANSFER  
- [ ] RETURNING  
- [ ] HIGH SCHOOL  
- [ ] TRANSIENT (YOUR PROGRAM OF STUDY WILL BE LISTED AS TRANSIENT)  
- [ ] NON-DEGREE SEEKING (YOUR PROGRAM OF STUDY WILL BE LISTED AS NON-DEGREE SEEKING)  

**YEAR:** ____________
SECTION 6  HIGH SCHOOL INFORMATION

CHATTANOOCHEE TECHNICAL COLLEGE DOES NOT ACCEPT SPECIAL EDUCATION DIPLOMAS OR CERTIFICATES OF PERFORMANCE. ALL SECONDARY SCHOOLS MUST HAVE THE APPROPRIATE ACCREDITATION FOR ACCEPTANCE.

CHOOSE ONE OF THE FOLLOWING:

☐ 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 INFORMATION

PLEASE LIST ALL COLLEGES, UNIVERSITIES AND TECHNICAL SCHOOLS ATTENDED:

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<tr>
<th>NAME OF SCHOOL</th>
<th>FROM: _______ TO: _______</th>
<th>DEGREE EARNED</th>
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OFFICIAL TRANSCRIPTS FROM ALL PREVIOUSLY ATTENDED SCHOOLS MUST BE RECEIVED BY CHATTANOOCHEE TECHNICAL COLLEGE IN A SEALED ENVELOPE FROM THE ISSUING INSTITUTION. ALL FOREIGN TRANSCRIPTS MUST BE EVALUATED BY AN APPROVED EVALUATION AGENCY. ALL POST SECONDARY INSTITUTIONS MUST HAVE APPROPRIATE ACCREDITATION FOR ACCEPTANCE.

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 OR READMIT FEE AND THAT FEE IS NON-REFUNDABLE.

- ALL MATERIALS SUBMITTED FOR APPLICATION BECOME THE PROPERTY OF CHATTANOOCHEE 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

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.

Revised: 7.28.14