



# Chattahoochee TECHNICAL COLLEGE

## Application for Admission

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

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

**\*Application type to be selected by Student Affairs Staff. Applicants continue to Page 2.\***

### **NEW STUDENT**

- Applying to CTC for the first time (***\$25 non-refundable application fee***)
- New student update - applied more than 1 year ago, but did not attend (***\$25 non-refundable application fee***)
- New student update - applied less than 1 year ago, but did not attend (***No fee required***)

### **READMISSION STUDENT** (***\$25 non-refundable readmit fee***)

- Has not attended CTC classes for 3 or more semesters
- Has not attended CTC classes in the last 5 years
- Former MOWR (dual enrollment) student who has not attended CTC classes for 3 or more semesters
- Returning from academic suspension and has not attended CTC classes for 3 or more semesters

### **RETURNING STUDENT** (***No fee required***)

- Returning student update - has attended CTC classes before and has applied for one of the last 3 semesters
- Former MOWR (dual enrollment) student who has attended CTC classes in the last 3 semesters
- Returning from academic suspension and has attended CTC classes in the last 3 semesters
- CTC graduate who has attended CTC classes in the last 3 semesters

<b>FOR BURSAR'S OFFICE USE ONLY:</b> 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"/>	<input type="text"/>	DATE OF BIRTH	<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 *(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: <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?       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?

<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

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?

<input type="checkbox"/> RAA	DEPENDENT/SPOUSE ACTIVE ARMY
<input type="checkbox"/> RAC	DEPENDENT/SPOUSE ACTIVE COAST GUARD
<input type="checkbox"/> RAFF	DEPENDENT/SPOUSE ACTIVE AIR FORCE
<input type="checkbox"/> RAM	DEPENDENT/SPOUSE ACTIVE MARINE
<input type="checkbox"/> RAN	DEPENDENT/SPOUSE ACTIVE NAVY
<input type="checkbox"/> RG	DEPENDENT/SPOUSE NATIONAL GUARD
<input type="checkbox"/> RR	DEPENDENT/SPOUSE RESERVIST
<input type="checkbox"/> RV	DEPENDENT/SPOUSE VETERAN

NAME:	SS#:
-------	------

**SECTION 4A RESIDENCY INFORMATION**

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

<b>IF NO, ARE YOU A PERMANENT RESIDENT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF YES, WHAT IS YOUR COUNTRY OF CITIZENSHIP?</b>
--	---

**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.

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?	<input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, ADDITIONAL DOCUMENTATION WILL BE REQUIRED.</b>
--	---

**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#: \_\_\_\_\_

**SECTION 6 HIGH SCHOOL INFORMATION**

**CHATTAHOOCHEE 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:

<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)

**SECTION 7 COLLEGE INFORMATION** PLEASE LIST ALL COLLEGES, UNIVERSITIES AND TECHNICAL SCHOOLS ATTENDED:

_____	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

**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 APPROVED EVALUATION AGENCY.**

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 \$25 APPLICATION OR READMIT 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

*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.*

*As set forth in its student catalog, Chattahoochee Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following person(s) has been designated to handle inquiries regarding the non-discrimination policies: Chattahoochee Technical College Title IX Coordinator, Brannon Jones, 980 South Cobb Drive, Building C 1102B, Marietta, GA 30060, (770) 975-4023 or [Brannon.Jones@chattahoocheetech.edu](mailto:Brannon.Jones@chattahoocheetech.edu) and 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).*