



# Chattahoochee TECHNICAL COLLEGE

## 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)

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  
 RAFF 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

NAME:	SS#:
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**SECTION 4A RESIDENCY INFORMATION**

ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE GO TO SECTION 4B
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IF NO, ARE YOU A PERMANENT RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS YOUR COUNTRY OF CITIZENSHIP?
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**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
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WHAT IS YOUR COUNTRY OF CITIZENSHIP?	WHAT IS YOUR COUNTRY OF BIRTH?
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**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>
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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#: \_\_\_\_\_

**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. 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 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.*

*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](mailto: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](mailto:maryfrances.bernard@chattahoocheetech.edu).*