



Student ID #: \_\_\_\_\_

# WIREGRASS

GEORGIA TECHNICAL COLLEGE®

## APPLICATION FOR ADMISSION

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

**CAMPUS:**

- Valdosta
- Cook
- Ben Hill
- Coffee
- MAFB

**PLEASE CHOOSE ONE OF THE FOLLOWING:**

- NEW STUDENT APPLYING FOR THE FIRST TIME**

STAFF INITIALS

\*MUST PAY \$25 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 WGTC STUDENT WHILE STILL IN HIGH SCHOOL

\_\_\_\_\_

- I AM RETURNING FROM ACADEMIC SUSPENSION

- I AM GRADUATING/ HAVE GRADUATED FROM A CURRENT WGTC 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: Date Application Fee Received: \_\_\_\_\_

Receipt #: \_\_\_\_\_ 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			
MAILING ADDRESS		CITY	STATE
			ZIP
COUNTY (CHECK ONE):			
<input type="checkbox"/> Atkinson <input type="checkbox"/> Ben Hill <input type="checkbox"/> Berrien <input type="checkbox"/> Brooks <input type="checkbox"/> Coffee <input type="checkbox"/> Cook <input type="checkbox"/> Echols <input type="checkbox"/> Irwin <input type="checkbox"/> Lanier <input type="checkbox"/> Lowndes <input type="checkbox"/> Wilcox <input type="checkbox"/> Other: _____			
EMERGENCY CONTACT INFORMATION			
NAME _____ PHONE _____ RELATIONSHIP _____			

## 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 3A RESIDENCY INFORMATION

ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF YES,</b> PLEASE GO TO SECTION 3B
<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
<b>NOTE:</b> PERMANENT RESIDENT CARD <b>MUST</b> BE PRESENTED FOR IN-STATE OR OUT-OF-STATE TUITION CONSIDERATION	
<b>IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, PLEASE ANSWER THE FOLLOWING QUESTIONS</b>	
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 3B 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 or MONTHS \_\_\_\_\_

#### I AM UNDER 24 YEARS OLD 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 3C RESIDENCY INFORMATION

DO YOU WANT TO BE CONSIDERED FOR IN-STATE TUITION IF YOU ARE ELIGIBLE?  YES  NO

**IF YES,** ADDITIONAL DOCUMENTATION MAY BE REQUIRED.

## SECTION 4 HIGH SCHOOL INFORMATION

**WIREGRASS GEORGIA 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 5 COLLEGE INFORMATION

PLEASE LIST ALL COLLEGES, UNIVERSITIES AND TECHNICAL SCHOOLS ATTENDED:

_____	FROM: _____	TO: _____	DEGREE EARNED _____
NAME OF SCHOOL			
_____	FROM: _____	TO: _____	DEGREE EARNED _____
NAME OF SCHOOL			
_____	FROM: _____	TO: _____	DEGREE EARNED _____
NAME OF SCHOOL			
_____	FROM: _____	TO: _____	DEGREE EARNED _____
NAME OF SCHOOL			

**OFFICIAL TRANSCRIPTS FROM ALL PREVIOUSLY ATTENDED SCHOOLS MUST BE RECEIVED BY WIREGRASS GEORGIA 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.**

## SECTION 6 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"/> MAN | MILITARY ACTIVE NAVY           |
| <input type="checkbox"/> MAC | MILITARY ACTIVE COAST GUARD | <input type="checkbox"/> MG  | MILITARY ACTIVE NATIONAL GUARD |
| <input type="checkbox"/> MAF | MILITARY ACTIVE AIR FORCE   | <input type="checkbox"/> MR  | MILITARY ACTIVE RESERVIST      |
| <input type="checkbox"/> MAM | MILITARY ACTIVE MARINE      | <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 ARMY        | <input type="checkbox"/> RAN | DEPENDENT/SPOUSE NAVY           |
| <input type="checkbox"/> RAC | DEPENDENT/SPOUSE COAST GUARD | <input type="checkbox"/> RG  | DEPENDENT/SPOUSE NATIONAL GUARD |
| <input type="checkbox"/> RAF | DEPENDENT/SPOUSE AIR FORCE   | <input type="checkbox"/> RR  | DEPENDENT/SPOUSE RESERVIST      |
| <input type="checkbox"/> RAM | DEPENDENT/SPOUSE MARINE      | <input type="checkbox"/> RV  | DEPENDENT/SPOUSE VETERAN        |

## SECTION 7 PROGRAM INFORMATION

**PROGRAM OF STUDY:**

- |                                 |                                  |                                       |
|---------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> DAY    | <input type="checkbox"/> EVENING | <input type="checkbox"/> EXTENDED DAY |
| <input type="checkbox"/> DEGREE | <input type="checkbox"/> DIPLOMA | <input type="checkbox"/> CERTIFICATE  |

SPECIALIZATION OR HEALTH SCIENCE PROGRAM DESIRED:

ARE YOU INTERESTED IN ONLINE CLASSES  YES  NO

**TERM:**

- SUMMER SEMESTER
- FALL SEMESTER
- SPRING SEMESTER

YEAR: \_\_\_\_\_

**ENTERING STATUS:**

- BEGINNING
- TRANSFER
- RETURNING
- HIGH SCHOOL
- TRANSIENT (YOUR PROGRAM OF STUDY WILL BE LISTED AS TRANSIENT)
- SPECIAL ADMIT (YOUR PROGRAM OF STUDY WILL BE LISTED AS SPECIAL ADMIT)

**PLEASE CHECK ALL STATEMENTS THAT APPLY TO YOU BELOW.**

- 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 FEE AND THAT FEE IS NON-REFUNDABLE.
- ALL MATERIALS SUBMITTED FOR APPLICATION BECOME THE PROPERTY OF WIREGRASS GEORGIA TECHNICAL COLLEGE (WGTC) 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 WGTC.
- I GIVE PERMISSION TO WGTC TO RELEASE INFORMATION TO POTENTIAL EMPLOYERS AS PART OF THE JOB PLACEMENT SERVICE PROVIDED BY THE COLLEGE.
- I UNDERSTAND THAT WGTC IS NOT LIABLE FOR ANY EMERGENCY MEDICAL ATTENTION PROVIDED NOR FOR CHARGES INCURRED FROM SUCH.
- I GIVE WGTC PERMISSION TO CONTACT ME AT THE TELEPHONE NUMBERS I HAVE PROVIDED VIA ANY MEANS, INCLUDING TEXT MESSAGE OR VOICE.
- I AUTHORIZE WGTC TO DEDUCT TUITION, FEES, AND MISCELLANEOUS CHARGES OWED TO WIREGRASS GEORGIA TECHNICAL COLLEGE FROM MY TITLE IV FINANCIAL AID, HOPE GRANT OR HOPE SCHOLARSHIP.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

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