

APPLICATION FOR ADMISSION



Select one: **Lawrenceville Campus**

Alpharetta-North Fulton Campus

Select one: **New Applicant**

Returning GTC Student

Returning GTC Graduate

First time applicants must include a \$25 non-refundable application fee. Please PRINT clearly.

*High school students participating in **DUAL ENROLLMENT** are not required to pay the application fee.*

SECTION 1 GENERAL INFORMATION:				Please print your legal name as it appears on your social security card.			
Social Security #: _____ - _____ - _____				Date of Birth: ____ / ____ / ____			
Student: Last Name:		First Name:		Middle Name:			
Former Name(s):		Email Address:					
Mailing Address:			City:		State:		Zip Code:
County:		Cell Phone:			Home Phone:		
Emergency Contact Name:		Phone:			Relationship:		

SECTION 2 STATISTICAL DATA:		The following information will not be used to determine your admissions status.	
Gender: Male Female		Race: American Indian or Alaskan Native	
		Asian	
		Black or African American	
		Native Hawaiian or other Pacific Islander	
		White	
Are you Hispanic or Latino? YES NO			
Did your father graduate from college? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN Did your mother graduate from college? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
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, please select what applies to you):			
Military Active Army		Military Active Coast Guard	
Military Active Marine		Military Active Air Force	
Military Active Navy		Military National Guard	
		Military Reservist	
		Military Veteran	
Are you a dependent/spouse of an active duty member, veteran, member of the National Guard, or a Reservist in the U.S. Armed Forces?			
YES NO (If yes, please select what applies to you):			
Dependent/Spouse Active Army		Dependent/Spouse Active Coast Guard	
Dependent/Spouse Active Air Force		Dependent/Spouse Active Marine	
Dependent/Spouse National Guard		Dependent/Spouse Active Navy	
		Dependent/Spouse Military Reservist	
		Dependent/Spouse Military Veteran	

SECTION 3 PROGRAM INFORMATION:				
WHEN DO YOU PLAN TO START? (Check one)				
FALL	SPRING	SUMMER	WHAT YEAR? _____	
Entering Status: Beginning (<i>first time college student</i>) Former GTC student Transfer (<i>previously enrolled in another college</i>)				
Transient (<i>enrolling in courses to complete requirements for your home college</i>) Special Admit (<i>Not eligible for Financial Aid</i>)				
Dual Enrollment (<i>current high school student enrolling in courses for high school and college credit</i>)				
Joint Enrollment (<i>Current high school student enrolling in courses for college credit only</i>)				
Please refer to specific Program Name and Major Code as listed in the Gwinnett Tech catalog at www.gwinnettech.edu/catalog .				

SECTION 3 PROGRAM INFORMATION:		
Program of Study:	4 Digit Major Code:	Objective: (Check one) <input type="checkbox"/> Associate in Applied Science <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate
Concentration (if applicable):	4 Digit Concentration Code:	

SECTION 4 PREVIOUS EDUCATIONAL EXPERIENCE:

Prior to application file completion, the following documents are required:

- **Official transcripts from all institutions attended must be received by the Gwinnett Tech Admissions Office in an officially sealed envelope from the sending institution.**
- **International documents must be evaluated by a NACES approved agency. For list, go to www.gwinnettttech.edu/forms.**
- **ALL previous educational experience MUST be listed below regardless of length of attendance or completion of courses.**

HIGH SCHOOL INFORMATION:	
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____ I will/have graduated from _____ in _____
(Name of High School or Home School) *(City/State)* *(Year)*

____ I will/have earned my GED in _____ from _____ Was it earned at Gwinnett Tech? Yes No
(Year) (City/State)

All COLLEGES, UNIVERSITIES, AND/OR TECHNICAL COLLEGES ATTENDED AFTER HIGH SCHOOL

(Do not include colleges where you completed only continuing education or GED classes.)

Name: _____ City/State _____ Attended From _____ To _____

Name: _____ City/State _____ Attended From _____ To _____

Name: _____ City/State _____ Attended From _____ To _____

Name: _____ City/State _____ Attended From _____ To _____

SECTION 5 RESIDENCY: The following information will be used to establish residency for tuition and financial aid eligibility.

(The following information will be used for statistical purposes only for **DUAL ENROLLMENT** students)

5A Select one of the following:

United States Citizen

Resident Alien (Must submit copy of the front and back of Permanent Resident Card, Form I-151 or Form I-551)

Non-Resident Alien (I am NOT a U.S. citizen or a permanent resident alien. Foreign tuition rate will apply)

5B	Are you applying for In-state tuition rate?	YES	NO	If Yes, please go to section 5C
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Complete ONLY the section that best describes you. The following information will be used to determine your tuition rates.

50 Failure to provide accurate information may impact tuition and/or financial aid. (Select only **ONE** of the following.)

- | | | |
|---|---|--|
| <input type="checkbox"/> OPTION 1: I am <u>over</u> 24 years old. <ul style="list-style-type: none"> What is your legal state of residence?
_____ Have you lived in that state for 12 consecutive months? YES NO | <input type="checkbox"/> OPTION 2: I am <u>under</u> 24 years old and my parents or guardian claimed me on their most recent tax return. <ul style="list-style-type: none"> What is your parent/guardian's legal state of residence?
_____ Have they lived in that state for 12 consecutive months? YES NO | <input type="checkbox"/> OPTION 3: I am <u>under</u> 24 years old and no one claimed me on their most recent tax return. <ul style="list-style-type: none"> What is your legal state of residence?
_____ Have you lived in that state for 12 consecutive months? YES NO |
|---|---|--|

I have **NOT** lived in Georgia for the past 12 months. **(Out of state fees will apply)**

Note: It is your responsibility to provide the proper documentation to prove your residency status. Please refer to the residency documentation list for what is required for the appropriate proof of status. The documentation list is available in Admissions or online at www.qwinnetttech.edu/forms.

By signing this application, I acknowledge and agree with the statements set forth below:

- I give GTC permission to contact me at the telephone numbers I have provided via any means, including text message or voice. (Students may opt-out by contacting the college)
- I give permission for my likeness, voice, or comments to be used in any promotional item on behalf of GTC or TCSG.

- I understand GTC is not liable for any emergency medical attention provided or for charges incurred from such.
- I agree to abide by the policies and procedures set forth in the GTC catalog.
- I understand all materials submitted for application become the property of GTC and will not be returned to the applicant.
- I certify the information contained in the application is complete and accurate; making a false statement on this application may result in my dismissal from the college.
- I acknowledge and hereby waive my privacy rights, including but not limited to any rights pursuant to the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and grant my permission and authorize Gwinnett Technical College ("Institution") to release to BankMobile any and all of my educational records and non-public directory information in its possession, including but not limited to academic and financial records, as deemed appropriate and necessary by Institution to facilitate my financial transactions with BankMobile. I also grant my permission to and authorize BankMobile to release the above information to the Institution. The purpose of this release and disclosure is to allow BankMobile and the Institution to exchange information about the payment and receipt of student credit balances.

SIGNATURE OF APPLICANT:

DATE:

Please call Lisa Richardson at 770-962-7580, extension 6691, if you have a disability that might require you to receive special assistance to complete the application, or to participate in your program of study. Hearing and speech impaired applicants are encouraged to use the Georgia Relay Service at 1-800-255-0056

As stated in its college catalog, Gwinnett 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, disabled veteran, veteran of the Vietnam Era, or citizenship status (except in those special circumstances permitted or mandated by law). For information regarding compliance activities, contact Lisa Richardson, Title IX, Equity Coordinator, and Section 504 Coordinator, 678-226-6691, Building 100, Room 323, Gwinnett Technical College, 5150 Sugarloaf Parkway, Lawrenceville, GA 30043-5702