



# APPLICATION FOR ADMISSION

Select one:  New Applicant  Returning GTC Student  Returning GTC Graduate

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

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:	Home Phone:		Cell 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? YES ____ NO ____ UNKNOWN ____					
Did your mother graduate from college? YES ____ NO ____ 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 Air Force	
____ Military Active Marine		____ 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 Active Navy	
____ Dependent/Spouse National Guard		____ 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 (first time college student) ____ Former GTC student ____ Transfer (previously enrolled in another college)		
____ Transient (currently enrolled at another college) ____ Special Admit (Not eligible for Financial Aid) ____ Accelerated Opportunity		
____ Dual Enrollment ____ Joint Enrollment ____ Move On When Ready ____ ACCEL		
Please refer to specific Program Name and Major Code as listed in the Gwinnett Tech catalog at <a href="http://www.gwinnetttech.edu/catalog">www.gwinnetttech.edu/catalog</a> .		
Program of Study:	4 Digit Major Code:	Objective: (Check one)
		____ Associate in Applied Science
Concentration (if applicable):	4 Digit Concentration Code:	____ Diploma
		____ Certificate

**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.gwinnettech.edu/forms](http://www.gwinnettech.edu/forms).
- All previous educational experience **MUST** be listed below regardless of length of attendance or completion of courses.

**HIGH SCHOOL INFORMATION:**

\_\_\_\_\_ 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.

**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.

**5C** Complete **ONLY** the section that best describes you. The following information will be used to determine your tuition rates. Failure to provide accurate information may impact tuition and/or financial aid. *(Select only **ONE** of the following.)*

<input type="checkbox"/> I am <u>over</u> 24 years old. <ul style="list-style-type: none"> <li>• What is your legal state of residence? _____</li> <li>• Have you lived in that state for 12 consecutive months? ___YES ___NO</li> </ul>	<b>OR</b>	<input type="checkbox"/> 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"> <li>• What is your parent/guardian's legal state of residence? _____</li> <li>• Have they lived in that state for 12 consecutive months? ___YES ___NO</li> </ul>
<input type="checkbox"/> 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"> <li>• What is your legal state of residence? _____</li> <li>• Have you lived in that state for 12 consecutive months? ___YES ___NO</li> </ul>	<b>OR</b>	<input type="checkbox"/> 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"> <li>• What is your legal state of residence? _____</li> <li>• Have you lived in that state for 12 consecutive months? ___YES ___NO</li> </ul>

**5D** \_\_\_ 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.gwinnettech.edu/forms](http://www.gwinnettech.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.
- 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.
- All materials submitted for application become the property of GTC and will not be returned to the applicant.
- I certify that the information contained in the application is complete, true and accurate; making a false statement on this application may result in my dismissal from the college.
- I understand that by signing this application, I have incurred a \$25.00 application fee and the fee is non-refundable.

**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