



Application For Admission/ Readmission Dual Enrollment Students

APPLICATION PROCEDURES:

1. Return completed, signed application to the NGTC High School Coordinator (Do not pay the application fee).
 Scan: Email as attachment to: admissions@northgatech.edu, or
 Fax: 706.754.7777, attention: Admissions, or
 Mail: Admissions, North Georgia Technical College, PO Box 65, Clarkesville, GA 30523
2. Submit an official high school or GED transcript and official transcripts from all colleges previously attended.
3. Take a placement test or submit valid test scores from a previous test (**ACCUPLACER, SAT, ACT, COMPASS, or ASSET**).

Section 1 Personal Information		
Name: _____	Date of Birth: _____	SS #: _____
Former name(s) (last name on GED, high school, or college transcripts): _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	Work Phone: _____	Home County: _____
Email: _____	Cell Phone: _____	
Emergency Contact Name: _____	Relationship: _____	Contact Phone: _____

Section 2 High School Information	
Name of High School Attending: _____	
Current Grade: <input type="checkbox"/> 9 th Grade <input type="checkbox"/> 10 th Grade <input type="checkbox"/> 11 th Grade <input type="checkbox"/> 12 th Grade	Projected Graduation Year: _____

Section 3 College Information		
List all previous colleges, universities, or technical colleges ATTENDED – including NGTC. (May attach additional sheet) List most recent school first – Do NOT include schools attended for continuing education or GED classes.		
School _____	Dates Attended _____ thru _____	Type of Degree Received _____

Section 4 Entrance Information (Select one from each category)			
4a Entrance Term: <input type="checkbox"/> Fall (Aug – Dec) <input type="checkbox"/> Spring (Jan – May) <input type="checkbox"/> Summer (May – Aug)	4b Entrance Year: 20 _____	4c Student Type: <input type="checkbox"/> New (Never attended any college) <input type="checkbox"/> Returning (Previously attended NGTC) <input type="checkbox"/> Transfer (Previously attended another college)	4d Preferred Campus: <input type="checkbox"/> Blairsville <input type="checkbox"/> Clarkesville <input type="checkbox"/> Currahee

Section 5 Statistical Data (Check all that apply)	
This information is required for purposes of reporting to Federal Compliance agencies only and will not be used in determining admission status.	
5a Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	5c Race: <input type="checkbox"/> American Indian/Alaskan Native (1) <input type="checkbox"/> Asian (2) <input type="checkbox"/> Black/African American (3)
5b Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (4) <input type="checkbox"/> White (5)

Section 6 US Residency Information	
This information will be used to establish residency for tuition/financial aid eligibility.	
6a Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Non-citizen permanent residents must present a resident alien card if applying for in-state or out-of-state tuition rate consideration.
6b If not a US Citizen, are you a permanent resident? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
6c If not a US Citizen OR permanent resident, list VISA type. _____	

Section 7 Georgia Residency Information	
7a Have you been a Georgia resident for the past 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7b If you are 24 years of age or younger, list parent/guardian's state of legal residence: _____	
Indicate the length of time he/she has lived continuously in that state: <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year or longer	

Section 8 Data Collection

8a	Did your father graduate from college? <input type="checkbox"/> Yes <input type="checkbox"/> No
8b	Did your mother graduate from college? <input type="checkbox"/> Yes <input type="checkbox"/> No
8c	Are you eligible for the <i>Free or Reduced Lunch</i> program at your high school? <input type="checkbox"/> Yes <input type="checkbox"/> No
8d	Are you currently an active duty member, veteran, member of the National Guard, or Reservist in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what branch? <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy
8e	Are you a dependent/spouse of an active duty member, veteran, member of the National Guard, or Reservist in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what branch? <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy

Section 9 Course Selection – High school counselor indicates courses requested by student

Degree - Level Core Courses	Occupational Courses		
Vary by Campus and Term	Clarkesville Campus	Blairsville Campus	Currahee Campus
<input type="checkbox"/> Art Appreciation <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Economics <input type="checkbox"/> English <input type="checkbox"/> History <input type="checkbox"/> Math <input type="checkbox"/> Music Appreciation <input type="checkbox"/> Physics <input type="checkbox"/> Psychology <input type="checkbox"/> Sociology	<input type="checkbox"/> Air Conditioning Technology <input type="checkbox"/> Auto Collision Repair <input type="checkbox"/> Automotive Technology <input type="checkbox"/> Business Technology <input type="checkbox"/> CNC Technology (Machine Tool) <input type="checkbox"/> Computer Science <input type="checkbox"/> Cosmetology <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Early Childhood Care and Education <input type="checkbox"/> Electrical Systems <input type="checkbox"/> EMS Professions (18 years & up) <input type="checkbox"/> Engineering <input type="checkbox"/> Environmental Technology <input type="checkbox"/> Healthcare <input type="checkbox"/> Horticulture <input type="checkbox"/> Marine Engine Technology <input type="checkbox"/> Networking <input type="checkbox"/> Photography <input type="checkbox"/> Web Application Development <input type="checkbox"/> Welding and Joining Technology	<input type="checkbox"/> Business Technology <input type="checkbox"/> Computer Science <input type="checkbox"/> Cosmetology <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Culinary Arts <input type="checkbox"/> EMS Professions (18 years & up) <input type="checkbox"/> Healthcare <input type="checkbox"/> Networking	<input type="checkbox"/> Business Technology <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Early Childhood Care and Education <input type="checkbox"/> EMS Professions (18 years & up) <input type="checkbox"/> Healthcare <input type="checkbox"/> Industrial Systems Technology
High School Counselor Signature: _____	Date: _____		

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 on this application may result in your dismissal from the college.

- I certify that the foregoing information contained in this application is true and correct. I understand that misrepresentation or omission of information will be sufficient cause for rejection or dismissal. I intend to abide by the rules and regulations of North Georgia Technical College. All materials submitted for application become the property of North Georgia Technical College and will not be returned to the applicant.
- I hereby give permission to the Technical College System of Georgia and all assignees (including NGTC) to use my name, quotes and photographic likeness in all forms and media for advertising, trade and any other lawful purposes.
- I give North Georgia Technical College permission to contact me at the telephone numbers I have provided via any means, including text message or voice.
- I understand that by signing this document, I give North Georgia Technical College permission to release information concerning my academic history and financial aid to the high school specified on page one.
- I understand that by signing this document, I give North Georgia Technical College permission to release any and all information from my college records to the parent / guardian named below:

Parent / Guardian Name (**PRINT**) _____

- I am aware that high school graduation is required prior to completion/graduation from any North Georgia Technical College program of study.

Applicant (Student) Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

The statements set forth in this application are for informational purposes only and should not be construed as the basis of a contract between a student and this institution. While provisions of this application will be applied as stated, NGTC reserves the right to change programs and services without prior notice.

As set forth in the student catalog, North Georgia 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). For complaints or information, contact Mike King, VP of Student Affairs (706-754-7711, Title VI, IX, II), or Kay Morgan, special services contact (706-754-7828, Sec. 504/Title I/ADA) at 1500 HWY 197 N, Clarkesville, GA 30523.

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.