



# APPLICATION FOR ADMISSION

**Crossroads**  
190 Crossroads Parkway, Suite 100  
Savannah, GA 31407  
912.443.3010

**Effingham**  
2890 Hwy 21 South  
Rincon, GA 31326  
912.754.2880

**Fort Stewart**  
100 Knowledge Dr.  
Ft. Stewart, GA 31314  
912.408.2430

**Liberty**  
100 Technology Dr.  
Hinesville, GA 31313  
912.408.3024

**Savannah**  
5717 White Bluff Road  
Savannah, GA 31405  
912.443.5700

IMPORTANT — All information must be provided. Complete and return the application along with a \$20, one-time, non-refundable application fee.

## Personal Data

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Other names on educational records: \_\_\_\_\_

## Mailing Address

Street: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Statistical Data

Date of Birth: \_\_\_\_\_

- |                                 |  |   |  |
|---------------------------------|--|---|--|
| <b>Gender*</b>                  | <b>Ethnic Origin*</b>                                    | <b>Racial Group*</b>                                      |  |
| <input type="checkbox"/> Male   | Are you Hispanic or Latino?                              | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Asian                            | <input type="checkbox"/> Black or African American                 |
|                                 | (If no, check one or more races)                         | <input type="checkbox"/> White                            |  |

*\*This voluntary information is required for purposes of reporting to the Federal Compliance agencies only and will not be used in determining admission status.*

The following information will be used to establish residency for tuition and financial aid eligibility. Failure to provide accurate, valid information may impact tuition and/or result in repayment of any financial aid funds received.

- |   |  |  |  |
|---|--|--|--|
| ARE YOU A GEORGIA RESIDENT?             | <input type="checkbox"/> YES <input type="checkbox"/> NO | ARE YOU A U.S. CITIZEN?                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ARE YOU CURRENTLY ACTIVE DUTY MILITARY? | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF NO, CHECK ONE OF THE FOLLOWING:           |  |
| ARE YOU A MILITARY DEPENDENT?           | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> Alien, Non-resident | <input type="checkbox"/> Alien, resident                 |
| ARE YOU A VETERAN?                      | <input type="checkbox"/> YES <input type="checkbox"/> NO | File Number: _____                           |  |

Are you under the age of 24?  YES  NO

If you are under the age of 24: Did your parent(s) or legal guardian claim you on their most recent tax return?  YES  NO

If yes, what is the state of legal residence of the parent(s) or legal guardian who claimed you? \_\_\_\_\_

How long has that parent or legal guardian lived in that state? \_\_\_\_\_ years \_\_\_\_\_ months

If you are 24 or older: What is the state of your legal residence? \_\_\_\_\_

How long have you lived in that state? \_\_\_\_\_ years \_\_\_\_\_ months

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

## Enrollment Classification

Location you will attend:  Crossroads  Effingham  Liberty  Savannah

New admission, quarter to begin: \_\_\_\_\_  Readmission, last quarter attended: \_\_\_\_\_

Transfer student (previous post secondary education) \_\_\_\_\_  Transient student (enrolled at another institution, requires transient letter)

## Program of Study

Check one:  Associate Degree  Diploma  Technical Certificate of Credit

Visit [www.savannahtech.edu](http://www.savannahtech.edu) for a current listing of available programs

**Educational Data**

Last high school attended and location: \_\_\_\_\_

Did you graduate?  Yes Date: \_\_\_\_\_  No Anticipated Graduation Date: \_\_\_\_\_

(An official high school transcript, with date of graduation must be received by the Savannah Technical College Admissions Office in a sealed envelope)

Did you pass the GED examination instead of graduating high school?  Yes Date: \_\_\_\_\_  No

(An official copy of your GED test scores must be received by the Savannah Technical College Admissions Office in a sealed envelope)

Highest grade level completed: \_\_\_\_\_  Less than two-year degree  Two-year degree  Four-year degree  Graduate level  
(1-12)**Please list any technical college, college or university you have attended.**

Name: \_\_\_\_\_ Attended from: \_\_\_\_\_ to \_\_\_\_\_ Degree earned: \_\_\_\_\_

Name: \_\_\_\_\_ Attended from: \_\_\_\_\_ to \_\_\_\_\_ Degree earned: \_\_\_\_\_

Name: \_\_\_\_\_ Attended from: \_\_\_\_\_ to \_\_\_\_\_ Degree earned: \_\_\_\_\_

**We want to know****How did you hear about Savannah Technical College?**

- Radio  TV  Newspaper  A friend or relative  
 Website  College Brochure  High school teacher/counselor  Billboard  
 Employer  Visit from Savannah Technical College representative to your school or business

**Why did you choose Savannah Technical College?**

- Program of study  Location  Cost  Schedule  Reputation  Other

**Reason for enrolling**

- To pursue an associate degree  To update skills for current job  To explore a new career  
 To prepare for immediate entry into a career  To prepare to transfer to a four-year institution  To pursue a personal interest in self-enrichment

Are you employed?  Yes  No If yes:  Full-time  Part-time

I certify that the information presented here is true and correct. I understand that misrepresentation or omission of information will be sufficient cause for rejection or dismissal. I also understand that if I do not attend, my records will be kept for one year and then destroyed. Upon my acceptance, I agree to abide by the rules, regulations and guidelines set forth in the Savannah Technical College catalog.

\_\_\_\_\_  
(Signature of student)

I authorize Savannah Technical College to deduct all tuition and applicable fees from my financial aid (Pell, HOPE, HOPE book allowance as appropriate) including the quarterly technology and malpractice fees.

\_\_\_\_\_  
(Signature of student)

Finally, I understand that should I earn any award (associate degree, diploma, certificate) at Savannah Technical College, the college may process that award without notifying me.

\_\_\_\_\_  
(Signature of student)

Savannah Technical College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools, 1866 Southern Lane, Decatur, GA 30033 (404.679.4500) to award the associate degree. Savannah Technical College does not discriminate on the basis of race, color, national origin, gender or disability. Savannah Technical College's designated OCR and Section 504/Americans with Disabilities Act Coordinator is the Counselor/Coordinator of Special Populations Services, 912.443.5717. The Registrar, 912.443.5708, is the Title VI/Discrimination and Title IX/Equity, Sexual Harassment designated coordinator. As required by law, graduation rates and crime statistics can be found on our website at [www.savannahtech.edu](http://www.savannahtech.edu).

**SAVANNAH TECHNICAL COLLEGE****Crossroads**

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