



# SAVANNAH TECHNICAL COLLEGE

5717 White Bluff Road, Savannah, GA 31405  
Phone (912) 443-5700 FAX (912) 443-5705

## INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

PLEASE PRINT CLEARLY

### SECTION A

Name: Last (Family) \_\_\_\_\_ First (Given) \_\_\_\_\_

Middle: \_\_\_\_\_ Other names on records: \_\_\_\_\_

#### HOME COUNTRY ADDRESS:

Physical address: \_\_\_\_\_ Apartment number: \_\_\_\_\_

City: \_\_\_\_\_ State/region: \_\_\_\_\_ Postal code: \_\_\_\_\_

Country: \_\_\_\_\_ Email (required): \_\_\_\_\_

Mailing address if different from physical: \_\_\_\_\_

Day telephone: \_\_\_\_\_ Night/cell/business phone: \_\_\_\_\_

### SECTION B

Gender:  Male  Female

Date of birth: (MM/DD/YYYY): \_\_\_\_\_

EXAMPLE: JANUARY 10, 1981 = 01/10/1981  
OCTOBER 1, 1981 = 10/01/1981

Country of birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Native language(s): \_\_\_\_\_

Social security number (if applicable): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### SECTION C

Circle number of years of education completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Name of high school attended: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Date of completion: (MM/DD/YYYY) \_\_\_\_\_

**You must submit a professional, "document-by-document" evaluation of your high school transcript.** If you have earned a university degree, then you may submit an evaluation of your university transcript instead of a high school transcript.

Colleges or universities attended                      City, state/country                      Dates attended                      Graduated (yes/no)                      Degree

\_\_\_\_\_  
\_\_\_\_\_

If you attended a college or university in the United States, then you must submit an official transcript from that institution.

