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.

SECTION D

ADMISSION STATUS: ☐ New Student ☐ Transfer Student ☐ Returning Student

PROGRAM OF STUDY : _____
For a list of available programs, visit www.savannahtech.edu

SEMESTER YOU PLAN TO ENTER: ☐ Fall (August) ☐ Spring (January) ☐ Summer (May)   YEAR: _____

If you do not plan to enroll in ESL classes, then you will be tested for proficiency in reading and writing English, pre-algebra, and algebra when you arrive.

If you do not meet the school's requirements for English proficiency, then you will be required to take ESL classes.

SECTION E

Name and address of a friend or family member in the United States that we may contact:

Name: _____   Telephone number: _____

Address: _____ City: _____ State _____ ZIP: _____

Is this address where you will reside while in the United States? ☐ Yes   ☐ No

If no, give your street/mail address while in the United States: _____

City: _____ State: _____ ZIP: _____

Do you plan to bring dependents with you to the United States?   ☐ Yes ☐ No

If yes, give name, date of birth, and relationship:

Name (Family Name, First Name)	Date of birth	Citizenship	Relationship

I certify that the information I have given is correct to the best of my knowledge. I understand that failure to provide information may invalidate my application for admission. I also understand that if I do not attend, the United States Citizenship and Immigration Service will be notified immediately. Application and related papers (transcript, etc.) will be retained for one year and will then be destroyed. Once submitted, all documents become the property of Savannah Technical College and will not be returned under any circumstances. Upon acceptance, I agree to abide by the rules, regulations and guidelines as set forth in the college catalog. 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.

Signature of Applicant: _____   **Date Signed:** _____

Savannah Technical College reserves the right to change or amend its regulations, curricula, fees, and administrative procedures without prior notice. Updated 4/5/2011