



OGEECHEE TECHNICAL COLLEGE

APPLICATION FOR ADMISSION

NEW STUDENT (APPLYING FOR THE FIRST TIME AT OTC)
MUST PAY \$25.00 NON-REFUNDABLE APPLICATION FEE

READMIT STUDENT (APPLIED/ATTENDED OTC MORE THAN TWO SEMESTERS AGO)
MUST PAY \$25.00 NON-REFUNDABLE READMISSION FEE

FALL SEMESTER (begins August)

2018

SPRING SEMESTER (begins January)

2019

SUMMER SEMESTER (begins May)

2020

PERSONAL INFORMATION

Name (First, Middle, Last) _____

Date of Birth _____ Social Security # _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____

Can we send you text messages regarding your application? YES NO

E-mail address _____

All previous names used _____

PROGRAM INFORMATION

- Select one of the following:
- Beginning** (first time college student)
 - Returning** (previously attended OTC)
 - High School Student** (Dual Enrollment)
 - Transfer** (attended another college)
 - Special Admit** (not planning on completing a program)

Program of study _____

Certificate

Diploma

Associate Degree

STATISTICAL DATA

The following information is required for purposes of reporting to federal compliance agencies and will not be used in determining admissions status:

Gender: Female Male Ethnic Background: Are you Hispanic or Latino? Yes No

If no, please select one or more: American Indian or Alaskan Native Asian White

Black or African American Native Hawaiian or Other Pacific Islander

Did your mother graduate from college? Yes No Unknown

Did your father graduate from college? Yes No Unknown

RESIDENCY INFORMATION

The following information is utilized to determine residency, which is used in the assessment of tuition:

1. Are you a citizen of the United States of America? YES NO
2. If you are under 24 years of age, did your parent(s) or United States court-appointed Legal Guardian(s) claim you on their most recent federal or state tax return? YES NO *If no, please move to question 4*
3. If you answered yes, what is the state of legal residency of the parent or legal guardian who claimed you?

4. How long has that parent or legal guardian lived continuously in the state noted above? _____
5. If you are over 24 years of age (or under 24 and neither a parent or a legal guardian claimed you on their tax return), have you lived in Georgia for the last 12 consecutive months? YES NO

* If you are not a citizen of the United States, please complete the International Student Application for Admission

EDUCATIONAL BACKGROUND

- Select one of the following: I obtained my high school diploma I obtained my GED/HSE
- I have not obtained my high school diploma or GED/HSE
- I am currently attending high school

Name of High School or GED/HSE Center _____

City, State _____ Year graduated _____

Please list all previous colleges, universities, or technical colleges attended:

Name	Degree	Graduated?	Dates attended	City, State
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Circle any of the following tests that you have taken within the past five years (60 months):

SAT ACT COMPASS ASSET ACCUPLACER

Location _____ Date _____

MILITARY INFORMATION

Select the military/veteran information below that applies:

- ACTIVE DUTY MILITARY MILITARY/VETERAN DEPENDENT/SPOUSE VETERAN

EMERGENCY CONTACT

Please designate below a person we may contact in case of an emergency.

Name _____ Relationship _____

Phone _____ Address _____

City _____ State _____ Zip _____

It is normal procedure for students requiring emergency medical treatment to be taken to the emergency room at East Georgia Regional Medical Center. Ogeechee Technical College will not be liable for the medical attention given, nor the expenses incurred by the incident. I certify that I have read and understand the above statement.

Applicant's Signature: _____

ACKNOWLEDGEMENT

I certify that the information in this application is true and correct. I understand that misrepresentation or omission of information will be sufficient cause for rejection or dismissal. 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 intend to abide by the rules and regulations of Ogeechee Technical College. I also realize that during my training at Ogeechee Technical College, photographs may be taken of me for use in promoting the College. Unless stated below, I give permission for this to be done. Also, unless stated below, I give my permission for the release of directory information concerning name, address, program of study, and honors and awards. I give Ogeechee Technical College permission to contact me at the telephone numbers I have provided via any means, including text message or voice.

Objections, if any _____

Applicant's Signature _____ Date _____

Admissions Office
One Joseph E. Kennedy Blvd
Statesboro, GA 30458
Phone: 912.688.6994 or 800.646.1316
Text: 912.324.3292
Fax: 912.486.7413

The Ogeechee Technical College does not discriminate on the basis of race, color, national origin, sex, age or disability. Title IX Coordinator, Office 198C, Joseph E. Kennedy Building, 912.486.7607, titleix@ogeecheetech.edu.; ADA/Section 504 Coordinator, Office 189, Joseph E. Kennedy Building, 912.486.7211, adacoordinator@ogeecheetech.edu; One Joseph E. Kennedy Boulevard, Statesboro, GA 30458. Ogeechee Technical College is a unit of the Technical College System of Georgia.