

# APPLICATION FOR ADMISSION/RE-ADMISSION



*Building futures, one student at a time.*

667 Perry House Road, Fitzgerald, GA 31750  
800/575-0567, 229/468-2040,  
Fax 229/468/2110

Coffee County Campus • 706 West Baker  
Highway, Douglas, GA 31533  
912/389-4300, Fax 912/389-4308

Wilcox Learning Center • 902 West Gordon  
Street SE, Rochelle, GA 31079 • 229/365-7983  
Pearson Learning Center • 201 North Pearson  
Street, Pearson, GA 31642 • 912/422-7004

## APPLICATION PROCEDURES:

1. Submit Admission Application and a one time, non-refundable \$15.00 fee
2. Submit an official high school or GED transcript
3. Submit official transcripts from all colleges previously attended
4. Take the placement test or submit valid SAT, ACT, Compass or Asset scores
5. **For Re-admission**, please submit application with updated information and new program choice; **\$15 application fee is not required**

**CAMPUS CHOICE:**    Ben Hill-Irwin    Coffee County    Wilcox    Pearson

### PERSONAL INFORMATION (Please Print Clearly)

SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	MIDDLE INITIAL
OTHER NAMES ON EDUCATIONAL RECORDS (if any)			
ADDRESS		CITY	STATE   COUNTY   ZIP CODE
DAYTIME TELEPHONE	EVENING TELEPHONE	E-MAIL ADDRESS	DATE OF BIRTH (MM/DD/YY)
EMERGENCY CONTACT INFORMATION: Name: _____ Telephone: _____ Relationship: _____			

### RESIDENCY INFORMATION

The following information will be used to determine tuition rates and financial aid eligibility. Failure to provide accurate valid information may impact tuition and result in repayment of any financial aid funds received.

ARE YOU CURRENTLY ACTIVE DUTY MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU A MILITARY DEPENDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU RETIRED MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO (PLEASE PROVIDE MILITARY ID & A COPY OF ORDERS OR LES) ARE YOU UNDER 24 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, YOUR PARENTS' STATE OF LEGAL RESIDENCY? _____ ARE YOU A U. S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU A PERMANENT RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> ALIEN NO.# _____ (PLEASE PROVIDE PERMANENT RESIDENT CARD) IF NOT A U. S. CITIZEN OR PERMANENT RESIDENT, WHAT IS YOUR VISA TYPE? _____ (PLEASE PROVIDE VISA)
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**HAVE YOU LIVED IN GEORGIA FOR THE PAST 12 MONTHS?**    YES    NO

### STATISTICAL DATA

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

<b>GENDER*</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>RACE*</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<b>ETHNIC ORIGIN*</b> Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, select one or more races from the following five racial groups.	

### PROGRAM INFORMATION

PROGRAM CHOICE (See Program Option List)	<input type="checkbox"/> Day	<input type="checkbox"/> Extended Day	<input type="checkbox"/> Night	<input type="checkbox"/> Online
SECOND MAJOR (If Any)				
WHICH DO YOU PLAN TO PURSUE? (Check One) <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate				
<i>Degree Seeking Students Should Submit a Hope Scholarship Evaluation Form.</i>				
WHICH QUARTER DO YOU PLAN TO BEGIN CLASSES AT ECTC? <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring   Year 20_____				

**I HEREBY APPLY TO EAST CENTRAL TECHNICAL COLLEGE AS (A/AN):** (You may check more than one)

- Beginning Student
- Returning East Central Technical College Student (Last Quarter Attended \_\_\_\_\_, Year \_\_\_\_\_)
- Transfer from another college (List all previous colleges on the reverse side)
- Current High School Student (Please check one of the following):    ACCEL    Dual Enrollment    Joint Enrollment
- Audit (No grade or credit given)
- Senior Citizens Program (Age 62 or older Georgia Resident only)
- Transient (Credit to be transferred to another college — must provide transient agreement form)
- Special Admit (See Criteria in ECTC catalog)

## HIGH SCHOOL INFORMATION

ARE YOU STILL IN HIGH SCHOOL?  YES  NO IF YES, WHAT YEAR DO YOU EXPECT TO GRADUATE? \_\_\_\_\_

DID YOU GRADUATE FROM HIGH SCHOOL?  YES  NO HIGHEST GRADE COMPLETED: \_\_\_\_\_

HIGH SCHOOL

LOCATION

YEARS ATTENDED

\_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

AS A HIGH SCHOOL STUDENT, DID YOU PARTICIPATE IN ANY OF THE FOLLOWING POST SECONDARY CREDIT OPPORTUNITIES?

Dual Enrollment  Joint Enrollment  ACCEL Classes  Articulated Credits

HAVE YOU RECEIVED YOUR GED?  YES  NO IF YES, WHEN? \_\_\_\_\_

WHERE WERE YOU TESTED? \_\_\_\_\_

## COLLEGE INFORMATION

PLEASE LIST ALL COLLEGES THAT YOU ARE CURRENTLY ATTENDING OR HAVE PREVIOUSLY ATTENDED BEGINNING WITH THE MOST RECENT.

COLLEGE

LOCATION

YEARS ATTENDED

\_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT FAILURE TO GIVE COMPLETE AND ACCURATE INFORMATION MAY INVALIDATE MY APPLICATION AND ADMISSION TO EAST CENTRAL TECH AND RESULT IN THE LOSS OF FINANCIAL AID AND REQUIRE REPAYMENT TO THE COLLEGE OF ANY FUNDS AWARDED. I AUTHORIZE ECTC TO DEDUCT TUITION, FEES, AND MISCELLANEOUS CHARGES OWED TO EAST CENTRAL TECHNICAL COLLEGE FROM MY TITLE IV FINANCIAL AID, HOPE GRANT OR HOPE SCHOLARSHIP. I ALSO AUTHORIZE DEDUCTION OF THE \$35 INSTRUCTIONAL TECHNOLOGY FEE AND MALPRACTICE INSURANCE (IF APPLICABLE) FROM MY HOPE BOOK ALLOWANCE. I FURTHER AUTHORIZE EAST CENTRAL TECH TO REQUEST AND RECEIVE ACADEMIC INFORMATION FROM ANY SCHOOL I PREVIOUSLY ATTENDED.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## FOR ADMISSIONS OFFICE USE ONLY

NAME \_\_\_\_\_ APP. RECEIVED \_\_\_\_\_  
LAST (FORMER) FIRST MI

STUDENT ID# \_\_\_\_\_ RECEIPT# \_\_\_\_\_

PRE-BANNER COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As set forth in its student catalog, East Central Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). Inquiries regarding nondiscrimination policies may be directed to the Coordinator or Human Resources (Title IX Section 504 Coordinator), 667 Perry House Road, Fitzgerald, GA 31750, 229-468-2027.