



APPLICATION FOR ADMISSION

601 Martin Luther King, Jr Avenue, Kingstree, SC 29556
843-355-4110 or 800-768-2021 www.wiltech.edu

For office use: Datatel ID number _____

PERSONAL INFORMATION

PLEASE PRINT

What is your status: New student Former Student—last date of attendance _____

_____ Male Female
Social Security Number Date of Birth (xx/xx/xxxx)

Name _____
Last First Middle or Maiden Suffix

Former/Maiden Name _____

Mailing Address _____
Street Address/PO Box

_____ City State Zip County

_____ Cellular Phone Home Phone Business Phone

_____ Email Address

Are you Hispanic/Latino? Yes No

If you checked no, please select one of the following:

- Black or African American White American Indian/Alaska Native
- Native Hawaiian or Pacific Islander Asian Two or more races

This voluntary information is used to comply with federal reporting and career planning. It has no effect on admission to the College.

EMERGENCY CONTACT INFORMATION

_____ Contact Name Relationship Contact Phone Number

RESIDENCY DECLARATION

You must complete the residency portion of the application. Applicants that fail to complete all residency questions, will be classified as non-residents, and be billed at the out-of-county tuition rate.

Are you a Citizen of the U.S.? <input type="checkbox"/> Yes—Complete the residency questions below the box. <input type="checkbox"/> No—Complete ALL questions.	
Are you a legal immigrant (permanent resident alien) of the USA? <input type="checkbox"/> Yes—attach a copy of your Immigration card <input type="checkbox"/> No	
Country of Citizenship _____	Permanent Residents: Alien Number _____
Are you here on a Visa? <input type="checkbox"/> Yes—attach a copy of your passport <input type="checkbox"/> No	

Are you a legal resident of South Carolina? Yes No Date residency began (xx/xx/xxxx) _____

In which **county** do you reside? _____ Which state? _____

Permit or Driver's license number/State issued ID number? _____ **(Copy Required)**

Is a motor vehicle registered in your name? Yes Which state? _____ No

Are you registered to vote? Yes Which state? _____ No

Have you registered for selective service? Yes No

Please complete both sides of application and sign.

EDUCATIONAL PLANS

I will begin (check one):

- Fall Semester (Aug-Dec) Spring Semester (Jan-May) Summer term (May-Aug)

I plan to:

- Earn an Associate Degree Earn a Diploma Earn a Certificate
 Take courses as a visiting student from another college (TRANSIENT)
 Enroll as a High School Vocational (CATE) student
 Enroll as a Dual Enrollment Advanced Learning (DEAL) student
 Enroll as a High School student taking college courses

My program of study will be: _____

Any student with a documented disability, who seeks reasonable accommodations, must contact the Student Development Counselor within 30 days of each semester.

EDUCATIONAL HISTORY

The requirement of high school graduation/GED completion varies by the program of study. However, for financial aid eligibility, proof of high school graduation/GED criteria must be met. See the current WTC catalog available online at www.wiltech.edu for details.

High School Attended: _____
High School (or Home School Association) City State

What is your current status?

- I have earned a GED Date of completion (xx/xx/xxxx): _____
 I have earned a high school diploma Date of graduation (xx/xx/xxxx): _____
 I have received a certificate Date of completion (xx/xx/xxxx): _____
 I am still enrolled in high school Expected completion (xx/xx/xxxx): _____
 I have not earned a high school diploma or GED

Prior College(s) Attended:

College/University Name	City, State	Dates Attended		Degree Earned
		From	To	

I hereby certify that all entries on this form are accurate. I understand that any misrepresentation of residency information will result in the payment of non-resident fees and I agree to abide by all WTC policies and procedures as outlined in the catalog. I also understand that my image (photo or video) may be used by the college for marketing or instructional purposes in the course of college classes and activities.

Signature of Applicant _____ **Date** _____

Signature of Parent, if Applicant under age of 18 _____

Accreditation Statement

Williamsburg Technical College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, GA 30033-4097; telephone 404.679.4500) to award associate degrees.

Statement of Equal Opportunity/Affirmative Action

Williamsburg Technical College provides affirmative action and equal opportunity in education and employment for all qualified persons regardless of race, color, sex, age, national origin, religion or disability. The College complies with the provisions of Title VI and VII of the Civil Rights Act of 1964, as amended; Title IX of 1972; Section 504 of the Rehabilitation Act of 1973; and the Age Discrimination Act of 1967.