



APPLICATION FOR ADMISSION

SUBMIT COMPLETE APPLICATION AND \$25.00 NON-REFUNDABLE APPLICATION FEE TO YOUR PREFERRED CAMPUS:

OFTC ADMISSIONS OFFICE, 1189 DEEPSTEP ROAD, SANDERSVILLE, GA 31082

OFTC ADMISSIONS OFFICE, 560 PINEHILL ROAD, DUBLIN, GA 31021

SECTION 1: Personal Information

SOCIAL SECURITY NUMBER _____-_____-_____	LAST NAME	FIRST NAME	MIDDLE NAME
PREVIOUS NAMES (IF ANY)	MAILING ADDRESS (include apartment, box, or lot number)		
DATE OF BIRTH (MM/DD/YYYY) ____/____/____	CITY	STATE	ZIP
COUNTY OF RESIDENCE	HOME PHONE ()	WORK PHONE ()	
CELL PHONE ()	EMAIL ADDRESS		
EMERGENCY CONTACT PERSON	CONTACT PHONE ()	ALTERNATE CONTACT PHONE ()	

SECTION 2: Residency Information Failure to answer the questions below may result in the inaccurate assessment of tuition. Acceptable documentation is required to change residency status.

1. ARE YOU APPLYING FOR IN-STATE TUTION? *If YES, see documentation requirements for verification of lawful presence.* YES NO

2. ARE YOU A UNITED STATES CITIZEN?

<input type="checkbox"/> YES	IF YES, LIST STATE OF LEGAL RESIDENCE:	DATE OF LEGAL RESIDENCE OF THAT STATE: (month, day, year)
<input type="checkbox"/> NO	IF NO, LIST VISA TYPE AND/OR RESIDENT ALIEN NUMBER A (OFTC does not issue I-20 Visas. Please provide a copy of your visa with application.)	COUNTRY OF ORIGIN

3. ARE YOU UNDER 24 YEARS OF AGE? YES NO

IF YES, DID YOUR PARENT(S) OR UNITED STATES COURT-APPOINTED LEGAL GUARDIAN CLAIM YOU ON THEIR MOST RECENT FEDERAL OR STATE TAX RETURN? YES NO *(If NO, skip to question #4.)*

IF YES, WHAT IS THE STATE OF LEGAL RESIDENCE OF THE PARENT(S) OR LEGAL GUARDIAN(S) WHO CLAIMED YOU? (LIST STATE)

IF YES, HAS THAT PARENT OR LEGAL GUARDIAN LIVED IN THAT STATE FOR THE LAST TWELVE CONSECUTIVE MONTHS? YES NO

4. IF YOU ARE OVER 24 (OR UNDER 24 AND NEITHER PARENT(S) OR UNITED STATES COURT-APPOINTED LEGAL GUARDIAN(S) CLAIMED YOU IN THEIR MOST RECENT FEDERAL OR STATE TAX RETURN), HAVE YOU BEEN A LEGAL RESIDENT OF GEORGIA FOR THE LAST 12 CONSECUTIVE MONTHS? YES NO

SECTION 3: Statistical & Military Information (Information is for statistical purposes only and is not used for determining admissions.)

1. GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. ARE YOU CURRENTLY ACTIVE DUTY, A VETERAN, A MEMBER OF THE NATIONAL GUARD, OR A RESERVIST IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> National Guard <input type="checkbox"/> Reservist BRANCH: <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> Marine	6. ARE YOU A DEPENDENT/SPOUSE OF AN ACTIVE DUTY MEMBER, VETERAN, MEMBER OF THE NATIONAL GUARD, OR RESERVIST IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> National Guard <input type="checkbox"/> Reservist BRANCH: <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> Marine
2. ARE YOU HISPANIC/LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, SELECT ONE OR MORE: <input type="checkbox"/> American Indian or Alaskan native (1) <input type="checkbox"/> Asian (2) <input type="checkbox"/> Black or African American (3) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (4) <input type="checkbox"/> White (5)	3. DID YOUR FATHER GRADUATE FROM COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
4. DID YOUR MOTHER GRADUATE FROM COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		

FOR OFFICE USE ONLY: Student ID# _____ Date Application Fee Rec'd: ____/____/____

SECTION 4: Program Enrollment Information

1. PROGRAM DESIRED:		5. CAMPUS YOU PLAN TO ATTEND:	6. STUDENT TYPE:
2. SEEKING: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE		<input type="checkbox"/> NORTH CAMPUS (Sandersville) <input type="checkbox"/> SOUTH CAMPUS (Dublin) <input type="checkbox"/> JEFFERSON CENTER (Louisville) <input type="checkbox"/> LOIC (Helena) <input type="checkbox"/> HANCOCK CENTER (Sparta)	<input type="checkbox"/> BEGINNING (You are a first time college student.) <input type="checkbox"/> RETURNING (You have attended OFTC, Sandersville Technical College, or Heart of Georgia Technical College before.) <input type="checkbox"/> TRANSIENT (You attend another college but wish to take a class at OFTC. Must have transient letter from home college.) <input type="checkbox"/> TRANSFER (You have attended another college, university, or technical college before.) <input type="checkbox"/> SPECIAL ADMIT (You are not planning to complete a program; no financial aid is available.)
3. SESSION <input type="checkbox"/> DAY <input type="checkbox"/> EVENING	4. ENTRANCE TERM: <input type="checkbox"/> FALL (AUG-DEC) <input type="checkbox"/> SPRING (JAN-MAY) <input type="checkbox"/> SUMMER (MAY-AUG) YEAR: _____		

SECTION 5: High School, GED & College Information

HIGHEST GRADE LEVEL COMPLETED: (Circle One) 6 7 8 9 10 11 12 12+ GED	NAME OF HIGH SCHOOL:	YEAR GRADUATED OR IF GED, YEAR EARNED:
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LIST BELOW ALL COLLEGES WHICH YOU HAVE ATTENDED.

NAME OF INSTITUTION	CITY, STATE
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Official transcripts from all previously attended schools must be submitted and received by OFTC in a sealed envelope from the issuing institution.

I give Oconee Fall Line Technical College permission to contact me at the telephone numbers I have provided via any means, including text message or voice.

I, hereby, consent to the release of directory information, as defined in the school catalog/handbook. I further give my permission for my likeness, voice or comments to be used in any promotional item on behalf of OFTC or the Technical College System of Georgia.

I certify that the foregoing information contained in this application is true and correct. I understand that misrepresentation or omission of information will be sufficient cause for rejection or dismissal. If admitted as a student at OFTC, I agree to abide by the rules and regulations of the College regarding conduct and other obligations.

I authorize Oconee Fall Line Technical College to use my Federal Student Aid Funds (Federal Pell Grant, Loans) to pay for allowable charges other than tuition and mandatory fees. Allowable charges other than mandatory fees that are not automatically paid by Federal Student Aid Funds that require your authorization include: The American Heart Association Fee, Malpractice Insurance, Nursing LNI Test Fee, Simulated Board Exam Fee, Criminal Background Fee, Drug Testing Fee, CPR Card, AAMA Exam Fee, Pharmacy Application Fee, NNAA Registration Fee, Dosimeter Scanner Fee, Corectec, BLS Certification, RESP 1110 Test Fee, Kettering and NBRC Self-Assessment Fee, ACLS Certification, RESP 2180 Exam Fee, PALS, RESP 2199 Exam Fee, GA Temporary License Fee, NBRC Certification Fee, Liability Insurance, Kettering Nation Review, NBRC Self-Assessment Exam, AST Membership Fee, Sur 224 Certification Exam Fee, AA National Registry Fee, ATI Fees, Late Fee, and PSB Exam Fees.

I understand that this authorization will remain in effect for future academic terms unless written revocation of authorization is submitted to the Oconee Fall Line Technical College Business Office within 5 business days prior to the first day of class of current term. If received after the beginning of term, then revocation will not go in effect until the following term.

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 _____
Date