



# SOUTHERN REGIONAL TECHNICAL COLLEGE

2500 E. Shotwell St., Bainbridge, GA 39819 ~ 229.243.6000  
 40 Harold Ragan Dr, Blakely, GA 39823 ~ 229.724.2445  
 1550 U.S. Hwy 84 West, Cairo, GA 39828 ~ 229.378.2901  
 800 Veterans Parkway North, Moultrie, GA 31788 ~ 229.891.7000  
 15689 U.S. Hwy 19 North, Thomasville, GA 31792 ~ 229.225.5060  
 52 Tech Drive, Tifton, GA 31794 ~ 229.391.2600

[www.southernregional.edu](http://www.southernregional.edu)

OFFICE USE ONLY	
Student ID # _____	R _____
Application Received _____	S _____
Application Fee Paid _____	A _____
Last Term _____	E _____
<input type="checkbox"/> New <input type="checkbox"/> Re-admit <input type="checkbox"/> Change Major <input type="checkbox"/> Add Major <input type="checkbox"/> Change of Name/Address	

# APPLICATION FOR ADMISSION

SOCIAL SECURITY NUMBER --  
 (This number will be converted to a Student ID Number)

DATE OF BIRTH (MM-DD-YY) --

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ FORMER NAME(S) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

STATISTICAL DATA		
*This voluntary information is required for purposes of reporting to the federal compliance agencies only and will not be used in determining admission status.		
GENDER*	ETHNIC ORIGIN*	RACIAL GROUP* <i>check all races that apply:</i>
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Are you Hispanic or Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK or AFRICAN AMERICAN
Did your father graduate from college? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN                Did your mother graduate from college? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		

MILITARY
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 <b>YES</b> , please check the appropriate box below: <input type="checkbox"/> MAA Military Active Army <input type="checkbox"/> MAC Military Active Coast Guard <input type="checkbox"/> MAF Military Active Air Force <input type="checkbox"/> MAM Military Active Marine <input type="checkbox"/> MAN Military Active Navy <input type="checkbox"/> MG Military National Guard <input type="checkbox"/> MR Military Reservist <input type="checkbox"/> MV Military Veteran
Are you a <b>dependent/spouse</b> of an 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 <b>YES</b> , check the appropriate box below: <input type="checkbox"/> RAA Military Active Army <input type="checkbox"/> RAC Military Active Coast Guard <input type="checkbox"/> RAFF Military Active Air Force <input type="checkbox"/> RAM Military Active Marine <input type="checkbox"/> RAN Military Active Navy <input type="checkbox"/> RG Military National Guard <input type="checkbox"/> RR Military Reservist <input type="checkbox"/> RV Military Veteran

RESIDENCY INFORMATION	
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"/> NO <i>(If YES, a copy of your permanent resident card is required)</i> Card # _____
ARE YOU APPLYING FOR IN-STATE TUITION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, verification documents are required.</i>	
ARE YOU UNDER THE AGE OF 24? <input type="checkbox"/> YES <input type="checkbox"/> NO If <b>YES</b> : Did your parent(s) or an United States court-appointed legal guardian claim you on their most recent tax return? <input type="checkbox"/> YES <input type="checkbox"/> NO If <b>YES</b> : What is the state of legal residence of the parent(s) or legal guardian who claimed you? _____ How long has that parent or legal guardian continuously lived in that state? _____	
If <b>NO</b> (OR UNDER 24 AND NO PARENT OR LEGAL GUARDIAN CLAIMED YOU ON THEIR MOST RECENT TAX RETURN): What is your state of legal residence? _____ How long have you continuously lived in that state?    Years _____    Months _____	

MAJOR #1: _____		MAJOR #2: _____	
<input type="checkbox"/> DEGREE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERTIFICATE	<b>TERM YOU WISH TO BEGIN TAKING CLASSES AT SRTC:</b> <input type="checkbox"/> FALL SEMESTER (August) <input type="checkbox"/> SPRING SEMESTER (January) <input type="checkbox"/> SUMMER SEMESTER (May)	<b>SRTC CAMPUS LOCATION YOU WISH TO ATTEND:</b> <input type="checkbox"/> BAINBRIDGE (Beginning Fall 2018) <input type="checkbox"/> MOULTRIE <input type="checkbox"/> BLAKELY (Beginning Fall 2018) <input type="checkbox"/> THOMASVILLE <input type="checkbox"/> CAIRO <input type="checkbox"/> TIFTON	

**CHECK ALL THAT APPLY:**

I AM A **NEW APPLICANT TO SOUTHERN REGIONAL TECHNICAL COLLEGE (SRTC); I HAVE NEVER ATTENDED CLASSES AT SRTC BEFORE.**

I HAVE ATTENDED SOUTHERN REGIONAL TECHNICAL COLLEGE BEFORE. (Last semester attended \_\_\_\_\_ year \_\_\_\_\_)  
 If you have not been enrolled at SRTC within the last five (5) years, you will need to resubmit ALL transcripts.  
 Have you attended any other colleges since attending SRTC?     Yes     No

I AM A STUDENT AT ANOTHER COLLEGE SEEKING TO TAKE A COURSE(S) AT SRTC AS A **TRANSIENT STUDENT**  
 (A transient agreement from your home college is required for acceptance and registration each semester.)

I AM **TRANSFERRING FROM ANOTHER COLLEGE** (List all colleges previously attended below.)

I AM ENROLLING AS AN **AUDIT STUDENT** (No grade or credit received and not eligible for financial aid.)

I AM A **SENIOR CITIZEN SEEKING A TUITION WAIVER** (You must be 62 or older and provide proof of age and legal Georgia residency.)

I AM SEEKING **SPECIAL ADMIT STATUS** (Not seeking an award or financial aid.)

**EDUCATIONAL INFORMATION**

**HIGH SCHOOL**

**Check One:**     I GRADUATED FROM HIGH SCHOOL. YEAR? \_\_\_\_\_  
 HIGH SCHOOL \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_

I AM A HOME SCHOOL GRADUATE. YEAR? \_\_\_\_\_  
 I OBTAINED MY GED. YEAR? \_\_\_\_\_  
 STATE? \_\_\_\_\_

IF NO HIGH SCHOOL OR GED, LIST HIGHEST GRADE ACCOMPLISHED \_\_\_\_\_

I WILL GRADUATE FROM HIGH SCHOOL IN 20 \_\_\_\_\_  
 HIGH SCHOOL \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_

**PLEASE LIST ALL COLLEGES THAT YOU ARE CURRENTLY OR HAVE PREVIOUSLY ATTENDED. BEGIN WITH THE MOST RECENT.**  
 \*Failure to list all colleges previously attended may impact tuition and/or result in repayment of any financial aid funds received.

COLLEGE / UNIVERSITY / TECHNICAL COLLEGE	CITY / STATE	DATES	
_____	_____	FROM: _____ TO: _____	
_____	_____	FROM: _____ TO: _____	
_____	_____	FROM: _____ TO: _____	
_____	_____	FROM: _____ TO: _____	
_____	_____	FROM: _____ TO: _____	

In accordance with the SRTC Records Management Procedure, application and supporting documents, including transcripts from high school and any previously attended college(s) will be destroyed one calendar year after the date of application for students who do not enroll. SRTC, without violating the Family Educational Rights and Privacy Act (FERPA), also known as the Buckley Amendment, may disclose certain information, known as directory information. "Directory Information" generally includes a student's name, addresses, telephone numbers, date of birth, major and field of study, dates of enrollment, and degrees and awards including nature and date received and school or division of enrollment. Students who wish to restrict the release of this information should notify the Registrar in writing of the specific information not to be released. Such notification should be done within the first 10 days of class.

I acknowledge receipt of the Gainful Employment Program Disclosure for the program in which I have applied. I further acknowledge that I have read, understand, and accept this disclosure in its entirety, and have indicated so by signing below. I acknowledge this form will become part of my student record.

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

I give Southern Regional Technical College permission to contact me at the telephone numbers I have provided via any means, including text messages or voice. I understand that I will be responsible for all applicable message and data charges. Standard Message and Data Rates Apply.

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 Southern Regional Technical College (SRTC) and result in the loss of financial aid and/or require repayment to the College of any funds awarded. I understand that I am responsible for any fees not covered by my Financial Aid. I also give permission for my likeness, voice, or comments to be used in any promotional item on behalf of SRTC or the Technical College System of Georgia.

Pursuant to O.C.G.A. 16-10-20, it is a felony to make a false statement on any state document. In addition, applicants furnishing false, incomplete, or misleading information will be subject to rejection or dismissal without a refund.

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**EMERGENCY CONTACT NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

Southern Regional Technical College is accredited by the Southern Association of Colleges and Schools Commission on Colleges and is a unit of the Technical College System of Georgia. As set forth in its Southern Regional Technical College Catalog and Student Handbook, Southern Regional Technical College (SRTC) does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following persons have been designated to handle inquiries regarding the non-discrimination policies: Lisa Newton and Dr. Jeanine Long. At SRTC, the Title IX Coordinator is Lisa Newton, SRTC-Moultrie-Veterans Parkway, Building A, (229) 217-4132, lnewton@southernregional.edu. The Section 504 Coordinator for SRTC is Dr. Jeanine Long, SRTC-Thomasville, Building A, (229) 227-2668, jlong@southernregional.edu.