



HIGH SCHOOL PROGRAMS
Dual / Joint Enrollment

5717 White Bluff Road, Savannah, Georgia 31405-5521
(912) 443-5517 / 800-769-6362 / (912) 443-5705 FAX

APPLICATION PROCEDURE:

- Submit an application for admission.
- The \$20.00 application fee is waived for Dual/Joint Enrollment.
- Schedule and take the placement test or submit acceptable test scores.
- Apply for Financial Aid through GACollege411.

SOCIAL SECURITY NUMBER: _____ -- _____ -- _____

NAME: LAST _____ FIRST _____ MIDDLE INITIAL _____

OTHER NAMES ON EDUCATIONAL RECORDS: _____

ADDRESS: _____ **APARTMENT NUMBER:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTY:** _____

HOME PHONE: _____ **OTHER PHONE:** _____ **EMAIL:** _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ **TELEPHONE NUMBER:** _____

The following information is for statistical purposes only and will not be used in determining admissions

GENDER: MALE FEMALE **DATE OF BIRTH:** (MM/DD/YYYY) _____

ETHNIC ORIGIN:

1. HISPANIC / LATINO YES NO

SELECT THE RACIAL GROUPS THAT APPLY TO YOU

- AMERICAN INDIAN OR ALASKAN NATIVE ASIAN BLACK OR AFRICAN AMERICAN WHITE
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

1. ARE YOU A **U.S. CITIZEN?** (CHECK ONE) NO YES

2. ARE YOU A **GEORGIA** RESIDENT? NO YES **IF YES, HOW LONG?** _____ YEAR(S) _____ MONTH(S)

3. ARE YOU ON **MILITARY** ACTIVE DUTY (OR A DEPENDENT) STATIONED AND LIVING IN GEORGIA? NO YES

PROOF OF RESIDENCY MAY BE REQUIRED.

SELECTED PROGRAM OF STUDY: _____

HAVE YOU ATTENDED SAVANNAH TECHNICAL COLLEGE BEFORE? NO YES

SELECTED LEVEL OF STUDY: ASSOCIATE DEGREE (ACCEL) DIPLOMA CERTIFICATE

TERM YOU PLAN TO ENTER: SUMMER FALL WINTER SPRING **YEAR:** _____

DUAL ENROLLMENT JOINT ENROLLMENT **NOTE: STC WILL CONVERT TO SEMESTERS FALL 2011**

CIRCLE HIGHEST LEVEL OF EDUCATION COMPLETED: 1 2 3 4 5 6 7 8 9 10 11

NAME OF HIGH SCHOOL: _____ **CITY:** _____ **STATE:** _____

DATE YOU EXPECT TO GRADUATE: MO _____ DAY _____ YR _____

ANY COLLEGE? _____ **IF YES, NAME AND LOCATION:** _____

I certify that the information I have given is correct to the best of my knowledge. I understand that failure to provide information may invalidate my application for admission. I also understand that if I do not participate in the High School Dual/Joint Enrollment Program, my application information will be retained only for this current school year and will then be destroyed. Upon acceptance, I agree to abide by the rules, regulations and guidelines set forth in the Savannah Technical College Catalog.

I authorize Savannah Technical College to provide my high school with a copy of my grades for each quarter attended and permission to discuss my performance with my high school counselor and /or parents.

Signature of Applicant: _____ **Date Signed:** _____