

# Central Carolina Technical College

Serving Clarendon, Kershaw, Lee and Sumter Counties

## Admissions Application

Please print in ink. C \_\_\_\_\_  New  Readmit

Applicant Name \_\_\_\_\_  
(Last) (First) (Middle Initial) (Suffix)

Former Names \_\_\_\_\_ Social Security No. \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street) (Apt. No.)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Work) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell phone number to receive emergency text messages: \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(if different from Mailing Address) (Street) (Apt. No.)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CCTC may contact me by: \_\_\_Phone \_\_\_Email \_\_\_Mail \_\_\_Text Message

### Please answer the following questions:

- A. Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex**  Male  Female  
Month Day Year
- B. Citizenship**  
Are you a citizen of the U. S.?  Yes  No  
If no, do you have permanent residency status?  Yes  No  
Please list your country of citizenship: \_\_\_\_\_  
and country of birth: \_\_\_\_\_  
Are you a Deferred Action for Childhood Arrivals (DACA) applicant?  Yes  No
- C. Ethnicity (Select one)**  Hispanic or Latino  Not Hispanic or Latino
- D. Race (Select one or more)**  
Required if you are not Hispanic or Latino.  
Optional if you are Hispanic or Latino.  
 Black or African American  
 White  
 American Indian or Alaskan Native  
 Asian  
 Native Hawaiian or other Pacific Islander
- E. Are you now or have you been in the Foster Care system of the state of South Carolina?**  Yes  No
- F. High School Education Information - Official transcript must be submitted to receive financial aid.**  
Check your current status and provide appropriate dates(s).  
1.  Diploma  Certificate  Did not complete  
Graduation date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year
- High School: \_\_\_\_\_ State: \_\_\_\_\_
2.  GED Certificate State \_\_\_\_\_  
Date of completion: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year
- G. Are you a veteran of the U.S. Armed Forces?**  
 Yes  No
- H. Enrollment Plan** (Semester you plan to first enroll)  
 Fall  Spring  Summer Year \_\_\_\_\_
- I. Program of Study/Interest**  
List specific degree, diploma or certificate programs(s) for which you are applying.  
1) \_\_\_\_\_  
2) \_\_\_\_\_  
**I have received a copy of my Gainful Employment Disclosure for my program of study from Central Carolina Technical College.**  
Student Initials: \_\_\_\_\_
- J. Prior College Attendance**  
List all colleges and universities attended. Official transcripts must be submitted for the evaluation of previous credit.
1. Institution Name \_\_\_\_\_ State \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year  
Degree earned \_\_\_\_\_
2. Institution Name \_\_\_\_\_ State \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year  
Degree earned \_\_\_\_\_
3. Institution Name \_\_\_\_\_ State \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year  
Degree earned \_\_\_\_\_  
Use an additional sheet if necessary.
- How did you learn about CCTC?**  
 CCTC Representative  Friend or Relative  High School  Newspaper  
 Radio Advertisement  Television Advertisement  Social Media  
 CCTC Website  Other \_\_\_\_\_

Any student with a documented disability who needs to arrange reasonable accommodations must contact the Disability Counselor and the instructor in each class at the beginning of each semester.

Central Carolina Technical College is required under South Carolina Law 59-112 to determine residency classification of applicants and students for purposes of receiving in-state tuition and fees. Substantiating documentation is required to affirm residency status. Additional information may be requested if further clarification is needed.

## Residency Declaration *(must complete)*

1. How long have you continuously lived in South Carolina? \_\_\_\_\_ Number of years \_\_\_\_\_ Number of months
2. Are you licensed to drive or possess a state issued ID?  Yes  No If yes, in what state? \_\_\_\_\_ DL/ID# \_\_\_\_\_ Issued \_\_\_\_\_ Exp. \_\_\_\_\_
3. Is any motor vehicle registered in your name?  Yes  No If yes, list ALL state(s) vehicles are registered in? \_\_\_\_\_
4. Are you currently working full time in South Carolina?  Yes  No If yes, provide employment dates \_\_\_\_\_ to \_\_\_\_\_
5. Check the following if it applies to you:  Active Duty Military  Dependent of Active Duty Military State / Country stationed in: \_\_\_\_\_  
**If yes, you must submit the appropriate CCTC Military Verification Form with the signature of a representative from your unit stating you are active duty or dependent upon an active duty service member stationed in South Carolina.**
6. Does someone provide more than 50% of your financial support?  Yes  No If yes, please answer questions 7-10.
7. Were you claimed as a dependent by your Parent(s), Guardian(s), or Spouse on the most recent Federal Income Tax Return?  Yes  No  
If yes, please provide the following information on the person who provides more than 50% of your financial support or claimed you as a dependent.

\_\_\_\_\_  
(Name) (Relation) (City/State of Residence) (Issuing State of ID or Licensed to Drive)

8. Does this person have any motor vehicles registered in his / her name?  Yes  No If yes, list ALL state(s) vehicles are registered in? \_\_\_\_\_

9. How long has this person continuously lived in South Carolina? \_\_\_\_\_ Number of years \_\_\_\_\_ Number of months
10. Is the person working full time in SC?  Yes  No If yes, list employment dates \_\_\_\_\_ to \_\_\_\_\_

I hereby certify that all entries on this form are accurate. I understand that any misrepresentation of residency information by me will result in the payment of non-resident fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Declaration of Citizenship or Legal Presence in the United States

I certify that the answers on this application are true, correct and complete. I further certify that I will notify the Admissions Office immediately if I change my state of legal residence or if my residency status otherwise changes I attest that I am a U.S. Citizen, a legal permanent resident in the United States or an alien lawfully present in the U.S. I will submit documentation to support this claim upon request. The South Carolina Illegal Immigration Reform Act (S.C. Code Ann §59-101-430 (Westlaw 2008)) prohibits those unlawfully present in the United States from attending a public institution of higher education in South Carolina and from receiving a public higher education benefit. I understand that submitting false or incorrect information may make me subject to dismissal from the college. Any student who is found to be unlawfully present in the U.S. will be dismissed from the college. I understand any costs associated with collections will be charged to me as debtor.

\_\_\_\_\_  
Print Name / Signature / Date of Birth / Date

#### FOR OFFICIAL USE ONLY

Course Placement RDG \_\_\_\_\_ ENG \_\_\_\_\_ MAT \_\_\_\_\_ TECH \_\_\_\_\_ BIO \_\_\_\_\_ Academic Suspension Counseling \_\_\_\_\_ Over 30 DVS \_\_\_\_\_

SC Resident \_\_\_\_\_ 4-County Area Resident \_\_\_\_\_ Non-SC Resident \_\_\_\_\_ Non-SC Resident paying in-state fees \_\_\_\_\_

Certifying Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

Scan \_\_\_\_\_ Index \_\_\_\_\_ Residency \_\_\_\_\_ Quality Checked \_\_\_\_\_ K Drive \_\_\_\_\_

### Submit this application to:

Office of Admissions - Main Campus, Central Carolina Technical College, 506 N. Guignard Drive, Sumter, SC 29150

### Applications can be dropped off at any of our Outreach locations:

Shaw AFB Education Center Site, F.E. DuBose Campus, Kershaw County Downtown Campus, Lee County Site

