



FLORENCE-DARLINGTON TECHNICAL COLLEGE

ADMISSIONS OFFICE

P. O. Box 100548 • Florence, South Carolina 29502-0548 • 1-800-228-5745 • 843-661-8324

APPLICATION FOR ADMISSION

General Information: (print or type)

Legal Name: _____
Last First Middle/Maiden

Permanent mailing address: _____
Street Apt.# P O Box

_____ City State Zip County

Home Phone _____ Work Phone _____ E-Mail Address: _____

Social Security Number: _____ Driver's License Number: _____ Driver's License State: _____

Residency:

Are you a legal resident of Florence or Darlington County? Yes No

Are you a legal resident of South Carolina? Yes No

Your residency status for tuition and fee purposes is determined at the time of admission.

Where have you resided for the past two years?

Street _____

City _____ State _____ Zip _____

Are you a United States citizen? Yes No

Academic Program (Major): _____

Personal Data: (Information is requested for statistical reporting only.)

Date of Birth: ____/____/____ Sex: Male Female
Month Day Year

Ethnic Background: Black American Indian Asian
 White Hispanic/Latino Non-Resident Alien
 Other _____

Plan to Enroll/Semester: (Please check one)

Fall Semester (Aug-Dec) 20 ____ Spring Semester (Jan-May) 20 ____ Summer Term (May-Aug) 20 ____

Admit Status: (Mark only one):

First-time Freshman (never attended a college) Transfer Transient
 HS Student Taking College Courses Readmit _____

Date of Last Attendance

Educational Goals: (Mark only one)

Learn skills for new job Improve basic skills Plan to earn certificate or diploma Do not plan to earn degree
 Learn skills to advance in job Personal interest Plan to earn 2 year degree Transfer to 4 year college
 Undecided

Intended Load: Full Time (12+ hrs) 3/4 Time (9 – 11.5 hrs) Half Time (6 – 8.5 hrs) Less than Half Time (1 – 5.5 hrs)

Financial Aid: Are you interested in applying for Financial Aid? Yes No

Academic History:

Name of High School: _____
School City State

Dates you attended high school: From - ____/____/____ To - ____/____/____ Graduation Date - ____/____/____
Month Day Year Month Day Year Month Day Year

Did you receive a GED? Yes No If YES, give date: ____/____/____
Month Day Year

List any college or university and the dates you attended, beginning with the most recent.

College or University	City and State	From (date)	To (date)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact Person: _____ Phone _____
Last Name First Name

I certify that all statements answered on the application are true and complete to the best of my knowledge. I also understand that submission of false information may be sufficient cause for the college to cancel my enrollment and require withdrawal.

Signature: _____ Date: _____

INTERNATIONAL APPLICANTS ONLY:

What type visa do you now hold? (Example: J1, G, PR, F1, B1, B2) _____

What is your immigration status? Permanent Resident Temporary Resident Refugee Resident Alien Student/No Work
 US Citizen Non US Citizen/No VISA Non Report Other

Are you a foreign permanent resident of the United States? Yes No

Country of Citizenship _____ Country of birth _____

Will you need a Certificate of Eligibility (Form I-20) from the United States Immigration and Naturalization Service? Yes No

What is the expiration date on your Arrival-Departure Card? (Form I-94) _____

What is your primary language? _____ TOEFL test date _____

Person to be notified in case of emergency:

In the USA _____ Telephone # _____

Address _____

In your home country _____ Telephone # _____

Address _____