



Enrollment Application
(Please Print Clearly)
Please send application and \$20 application fee

Office of Admissions
100 W College Park Drive
Douglas, GA 31533-5098
(912) 260-4206 Phone
(912) 260-4441 Fax
www.sgc.edu

Name: _____
Last First Middle Former

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: (____) ____ - _____ **Cell Phone:** (____) ____ - _____ **E-Mail Address:** _____

Date of Birth: ____/____/____ **Social Security Number:** ____/____/____ *Providing your social security number will facilitate the review of your application for determining tuition classification status and the matching of your application with other school records including but not limited to transcripts and financial aid applications.*

Parent Contact Information (required for students 20 years of age and younger):

Name: _____ Mailing Address: _____
Phone: _____ Email address: _____

Gender: Male Female **Are you Hispanic or Latino?** Yes No **What is your race? (Choose one or more)**
 American Indian or Alaska Native Black or African-American
 White Asian Native Hawaiian or other Pacific Islander

Citizenship Status:

a. U.S. Citizen (by birth or naturalization) b. Alien, Non-Immigrant c. Alien, Permanent Resident
If (b) or (c) above, Current Nationality: _____ Country of Birth: _____
If (b), will you require an I-20 Certificate of Eligibility? Yes No
If (c), attach copy of Alien Residence Card and list your Alien Registration Number: _____

Is English your native language? Yes No If no, list your native language: _____
(Test of English as a Foreign Language, TOEFL, scores are required of all whose native language is not English.)

Are you or will you be at the time of enrollment, a current member or veteran of the U.S. Armed Forces? Yes No
If yes:

Which branch? Air Force Army Coast Guard Marines Navy
Which component? Active Reserve National Guard
Current status: Discharged Retired Serving

Have you been placed on suspension from any previous college or technical school? Yes No
If yes, please give a detailed explanation. _____

Have you ever been charged with, convicted of, or pled guilty or nolo contendere to a crime other than a minor traffic offense? Yes No

If yes, explain fully, specifying the nature of the offense(s) and the date (s) it/they occurred. You will be notified if further documentation is necessary. _____

South Georgia College requires that all freshmen students live on campus. *Housing applications and Request for Exemption forms can be obtained from the Department of Residence Life at www.sgc.edu or 912-260-4429*

Do you plan to live in campus housing? Yes No If yes, please complete a housing application. If no, please check the category that most accurately reflects your situation.

<input type="checkbox"/>	I am applying for the Valdosta or Americus campus	<input type="checkbox"/>	I am applying for on-line courses only
<input type="checkbox"/>	I am married	<input type="checkbox"/>	I am 21 years of age or older (by the 1 st day of class)
<input type="checkbox"/>	I will be enrolled in fewer than 11 credit hours	<input type="checkbox"/>	I am applying as a joint/dual enrollment student
<input type="checkbox"/>	I have 30 or more earned credit hours (not including AP credit hours)	<input type="checkbox"/>	I am a veteran with at least a year of active service
<input type="checkbox"/>	I claim residency in one of the following counties: Atkinson, Bacon, Ben Hill, Berrien, Coffee, Irwin, Jeff Davis, Telfair, or Ware		

Any student requesting housing exemption based upon any category below, must complete a Request for Exemption form.

<input type="checkbox"/>	I have a waiver based on extreme hardship	<input type="checkbox"/>	I am caring for a dependent child
<input type="checkbox"/>	I have medical conditions for which the College cannot achieve reasonable accommodations (condition must be on file with the Office of Student Disability)		

Check the category below which most accurately describes your application:

- (a) Regular Admission (high school graduate, will graduate before enrolling, GED awarded, or never attended college)
- (b) Returning SGC Student (dates attended: _____ Student Id # _____)
- (c) Joint /Dual Enrollment (plan to attend SGC before graduating from high school)
- (d) Transfer Admission (previously attended another college, plan to finish at SGC)
- (e) Transient (enrolled student at another college, attending SGC for only one semester/term)
- (f) Non-Degree Seeking (do not plan to earn credit from SGC - some limits may apply)
- (g) Post-Baccalaureate

I plan to begin enrollment in the _____ semester/term of _____
(Fall, Spring, Summer) (Year)

I plan to attend on the following campus: Douglas Valdosta Americus Jeff Davis On-Line Only

I plan to pursue the following program: (Please check ONE of the following categories.)

- | | | |
|--|--|--|
| Associate of Arts Degree
Transfer Program Leading to a Major In:
<input type="checkbox"/> Communications
<input type="checkbox"/> English
<input type="checkbox"/> Foreign Language
<input type="checkbox"/> General Studies (and Undecided)
<input type="checkbox"/> History
<input type="checkbox"/> Journalism
<input type="checkbox"/> Philosophy
<input type="checkbox"/> Political Science
<input type="checkbox"/> Psychology
<input type="checkbox"/> Sociology
<input type="checkbox"/> Theater | Associate of Science Degree
Transfer Program Leading to a Major In:
<input type="checkbox"/> Biology
<input type="checkbox"/> Business Administration
<input type="checkbox"/> Chemistry
<input type="checkbox"/> Computer Science
<input type="checkbox"/> Criminal Justice
<input type="checkbox"/> Health and Human Performance
<input type="checkbox"/> Mathematics
<input type="checkbox"/> Physics
<input type="checkbox"/> Pre-Allied Health
<input type="checkbox"/> Recreation
Education:
<input type="checkbox"/> Special Education
<input type="checkbox"/> Speech Language Pathology
<input type="checkbox"/> Health & Physical Education
<input type="checkbox"/> Early Childhood
<input type="checkbox"/> Middle Grades
<input type="checkbox"/> Secondary (must also choose from AA or AS field of study) | Associate of Science Degree in Nursing:
<input type="checkbox"/> Nursing (SGC Campus)
(Check here if Bridge: <input type="checkbox"/>
<input type="checkbox"/> Nursing (Waycross Program)
(Check here if Bridge: <input type="checkbox"/>

<input type="checkbox"/> Non-Degree Seeking |
|--|--|--|

Students seeking careers and/or professional licensure in certain fields including, but not limited to, Nursing Education, Teacher Education, Criminal Justice, Social Work, Psychology, Law or Medicine may be required to submit a future background check prior to clinical assignments, internship and/or professional licensures. It is the student's responsibility to check the requirements of the program of study and professional licensing board. Successful completion of a program of study in any of the above fields at any University System of Georgia Institution does not guarantee licensure or employment in the respective profession.

High School last attended: _____
(Name) (City, State)
Graduation Date: ____/____/____ or GED- Granting Institution and Date _____

List all colleges, vocational/technical institutions, and correspondence schools, etc. you have attended:

(Name)	(Location)	(Dates of Attendance)	(Degree)
(Name)	(Location)	(Dates of Attendance)	(Degree)
(Name)	(Location)	(Dates of Attendance)	(Degree)

In accordance with Board of Regents Policy 4.3.4, all applicants who are accepted for admission or readmission to South Georgia College for Fall, 2011 or any academic semester thereafter, and who seek to be classified as in-state for tuition purposes, will be required to provide validation of residency and lawful presence in both the State of Georgia and the United States.

Please check which document you are submitting for verification:

<input type="checkbox"/>	FAFSA anticipated to be sent to SGC by _____ (date). <i>I understand that if I select this option, I will not be able to register until my FAFSA is received by SGC.</i>
<input type="checkbox"/>	Completed Free Application for Federal Student Aid (FAFSA) on file at SGC
<input type="checkbox"/>	U.S. Birth Certificate- <i>A photocopy is not acceptable</i> (includes certificates from Puerto Rico on or after January 13, 1941; Guam & the U.S. Virgin Islands on or after January 17, 1917; American Samoa; Swains Island; or the Northern Mariana Islands)
<input type="checkbox"/>	Certificate of Naturalization (<i>Form N-550 or N-570</i>)
<input type="checkbox"/>	Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>)
<input type="checkbox"/>	U.S Certificate of Birth Abroad issued by the Department of State (DS-1350) or a Consular Report of Birth Abroad (FS-240)
<input type="checkbox"/>	A current U.S. Passport
<input type="checkbox"/>	A current Driver's License or ID issued by the State of Georgia after January 1, 2008
<input type="checkbox"/>	A current military ID (service member only, not dependant)
<input type="checkbox"/>	A current, valid Permanent Resident Card (USCIS form I-151 or I-551)

University System of Georgia students are responsible for registering under the proper tuition classification. In general, classification of in-state status for tuition purposes requires an individual to have established domicile in Georgia for a minimum of 12 consecutive months immediately preceding the first day of classes for the term in which the student plans to enroll.

Domicile is defined as a person's present, permanent home where the individual intends to stay indefinitely and to which that individual returns following periods of temporary absence. Temporary residence does not constitute the establishment of one's domicile.

Residency is defined as the state and country where an individual currently lives. An individual may be residing in Georgia without having established domicile in the state. *See above definition of domicile.*

ARE YOU APPLYING FOR IN STATE TUITION? YES / NO

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, ALL OF THE FOLLOWING MUST BE ANSWERED.

Failure to answer any of the below questions will result in an OUT OF STATE classification for tuition purposes.

Have you established and maintained domicile in Georgia (according to the definition above) for at least 12 consecutive months immediately preceding the first day of classes for the term in which you plant to enroll?	YES	NO
If you are under the age of 24, has a parent (s) or U.S. court-appointed legal guardian established and maintained domicile (according to the definition above) in Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term in which you plant to enroll?	YES	NO
What is your Georgia county of residence?		
Have you ever lived outside the state of Georgia?	YES	NO
If you lived outside the state of Georgia, how long have you continuously resided in the state of Georgia? Years: Months: Date from: to:		
Have you graduated, or will graduate from a Georgia high school?	YES	NO
Did you file a state income tax return in the past year?	YES	NO
If yes, which U.S. state/territory did you file? State/Territory:		
Did your parent, court appointed legal guardian, or spouse claim you on their federal income taxes in the past year? If yes, Name: Relationship:	YES	NO
If yes, which U.S. state/territory did he/she file? State/Territory:		
Do you have a U.S. state/territory-issued driver's license or ID?	YES	NO
If yes, in which U.S. state/territory was it issued? State/Territory:		

Please sign below after reading and confirming.

Certification: I understand that any material false statement made knowingly and willfully by me on this application, or any documents attached hereto may, in accordance with O.C.G.A.16-10-71, which provides that upon conviction, a person who knowingly commits the offense of false swearing shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both, subject me to prosecution in a court of law. Additionally, I further understand that any such false statement may subject me to immediate dismissal from the institution.

Further, I certify that, to the best of my knowledge, the information submitted on this application is true and complete.

(Signature)

(Date)

*****Only complete forms can be processed. Incomplete forms may result in an administrative delay due to lack of information*****

Application Fee: New Applicants: \$20.00. Returning SGC Students: No charge.

Need special accommodations to attend? Contact the office of Student Success at 912-260-4312 prior to your enrollment.