Denmark Technical College

"A New Beginning...Where Great Things are Happening"

P.O. Box 327 • 1126 Solomon Blatt Boulevard • Denmark, SC 29042-0327
Telephone 803.793.5176 or 803.793.5175 • Fax 803.793.5290
Visit us @ www.denmarktech.edu
**New Students**

1. Complete the application and attach a **non-refundable application fee of $10.00** (cashier's check or money order). Mail your application form and fee to the Admissions office at Denmark Technical College, 1126 Solomon Blatt Blvd., P.O. Box 327, Denmark, SC 29042-0327.

2. To be accepted to the College, you must meet minimum required scores on either of the following tests: COMPASS, ASSET, SAT or ACT. If you have already taken either of these tests and wish to have the scores considered, you must have your scores sent by the Testing Center where you took your test. The official scores (certified by the Testing Center) should be sent to the Admissions Office. Please be advised that scores more than three years old will not be accepted.

3. Please arrange for an official copy of your high school transcript (showing graduation date along with HSAP scores) or high school equivalency certificate (GED) to be sent to the Admissions office.

**Transfer Students**

1. Arrange for each college attended to send an official copy of your transcript to DTC.

2. Transfer students who have earned 15 or more credit hours with a grade “C” or better with acceptable English and Math courses from a regionally accredited college or university may be exempt from taking the college placement (COMPASS/ASSET) test.

**Readmit Students**

If you are a returning student who has not attended Denmark Technical College during the previous semester (excluding summer), you must complete a new application.

**Transient Student**

Students matriculating at other colleges who wish to enroll in courses at Denmark Technical College must submit an application and meet all prerequisites for the course(s) in which they plan to enroll and present written permission from their home institution to take the specific course(s).

**Financial Aid**

You may apply for financial aid in the Financial Aid Office or online at [www.fafsa.ed.gov school code: 005363](http://www.fafsa.ed.gov). For detailed information on eligibility for Federal Pell grants, loans, student employment, and veteran’s assistance at Denmark Technical College visit the Financial Aid Office or call (803) 793-5161.

**Residency Policy**

Tuition at Denmark Technical College is assessed based on a student’s legal permanent residency as reported on the residency form (enclosed in your application packet). Students who falsify information regarding their state of residence will be reassessed and charged the appropriate tuition.

**Physical Examination**

All residential Life students and those students in the following majors (Nursing, Early Childhood Development/Education, Barbering and Cosmetology) are required to have a physical examination before enrolling at DTC. A physical form can be obtained in the Student Services Office and must be submitted to the Health Services Office.

**Services for Students with Disabilities and Special Needs**

Students with special needs must notify the Counseling office of any accommodations needed. Please call to schedule an appointment with the Title IX Student Coordinator at (803) 793-5130.

**Residential Life**

All students requesting on-campus housing must complete a housing application and submit a non-refundable room deposit of $25.00 and a $50.00 breakage fee to reserve a room. Space is reserved on a first paid, first placed basis. For more information, call the office of Residential Life at (803) 793-5134.

**Accreditation**

Denmark Technical College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award Certificates, Diplomas, and Associate Degrees. Contact information: 1866 Southern Lane, Decatur, Georgia 30033-4097. Telephone# (404) 679-4501.

**Contact Information**

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Admissions</td>
<td>(803) 793-5289</td>
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<tr>
<td>Recruitment Office</td>
<td>(803) 793-5175, 5124</td>
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<tr>
<td>Counseling</td>
<td>(803) 793-5297</td>
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<tr>
<td>Assessment Office</td>
<td>(803) 793-5130</td>
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<tr>
<td>Financial Aid</td>
<td>(803) 793-5161</td>
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<tr>
<td>Residential Life</td>
<td>(803) 793-5134</td>
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<tr>
<td>Health Services</td>
<td>(803) 793-5224</td>
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**Disclaimer:**

Denmark Technical College does not discriminate on the grounds of race, color, age, sex, and national origin or handicap.

Service Area Proviso: Denmark Technical College was established in 1947 and has “a legislated mandate to serve students throughout the state.”
DENMARK TECHNICAL COLLEGE
ADMISSION APPLICATION

Student Status
___New: First-Time freshmen
___Readmit: Did not attend previous semester
___Transfer: From another college or university
___Transient: Attending another college, enrolling for a course
___Dual Enrollment (High School Student: Taking college courses)

Semester to enter DTC
___Fall (Aug. – Dec.)
___Spring (Jan. – May)
___Summer (May- July)

Academic Year:___________
Date:___________

PLEASE PRINT CLEARLY (USE BLUE OR BLACK INK)

PERSONAL INFORMATION

Social Security # ____________/__________/__________

Full Name (Last, First, Middle):

Mailing Address:
City:_______________________________County: _________________________State:_______________________Zip______________

Home Telephone: (          )_________________________________  Cell  Telephone: (          )________________________

Email ____________________________

Date of Birth _____/____/____  Sex: □ Male □ Female  Do you require on-campus housing? □ Yes □ No

Birth Place_________________________ (select “Unknown” unless International Student)   Do you require Financial Aid? □ Yes □ No

*This information is voluntary and will not be used in the admission process in a discriminatory manner.

Citizenship:
□ U.S. Citizen
□ S.C. Resident of ______________ County

*Ethnicity: What is your ethnicity?
□ Hispanic or Latino
□ Not Hispanic or Latino

Non-Hispanics only:
□ American Indian or Alaska Native
□ Asian
□ Black or African American
□ Native Hawaiian or Other
□ Pacific Islander
□ White

How did you hear about DTC?
□ Television □ Radio
□ Newspaper □ Internet
□ College recruiter
□ Other:_____________________

GENERAL INFORMATION

Name of High School Last Attended:

Location of High School: City:_______________________________ State:_______________________

Are you a High School Graduate? □ Yes □ No  If yes, graduation date: ____________________________ (Month/Year)

Did/will you earn a :
□ High School Diploma □ High School Certificate □ GED

State GED was taken__________________ Month/Year received ______________________

Have you ever been convicted of a felony? □ Yes □ No  If yes, please attach explanation

Have you taken the COMPASS/ASSET Placement Test? □ Yes □ No  If yes, please have scores sent to the Admissions Office.

Previous College or University
Address
Dates Attended
# DEGREE, DIPLOMA, & CERTIFICATE PROGRAMS OF STUDY*

Please check the program of your choice

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<th>DIVISION OF PUBLIC SERVICE</th>
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<td>□ General Business</td>
<td>□ Criminal Justice</td>
<td>□ Electronics Technology</td>
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<td>□ Administrative Office Technology</td>
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<td>DIPLOMA IN APPLIED SCIENCE</td>
<td>□ Gerontology</td>
<td>□ Welding</td>
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<td>□ Barbering</td>
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<td>□ Cosmetology</td>
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<td></td>
<td>□ Administrative Support</td>
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**DIVISION OF NURSING**

DIPLOMA IN APPLIED SCIENCE

□ Nurse Aide Assistant

CERTIFICATE IN APPLIED SCIENCE

□ Nurse Aide Assistant

**DIVISION OF INDUSTRIAL & RELATED TECHNOLOGIES**

ASSOCIATE IN APPLIED SCIENCE

□ Electromechanical Engineering

□ Electronics Technology

CERTIFICATE IN APPLIED SCIENCE

□ Building Construction Fundamentals

□ Computer Servicing & Repair

□ Plumbing

□ Welding

*Subject to Change

## EMERGENCY CONTACT INFORMATION

Full Name: ____________________________________________

Relationship to you (check one) □ Parent □ Spouse □ Guardian □ Other Please specify other: __________________________

Telephone # Home ( )__________________________ Work ( )__________________________

Cell ( )__________________________ Alternate ( )__________________________

Full Name: ____________________________________________

Relationship to you (check one) □ Parent □ Spouse □ Guardian □ Other Please specify other: __________________________

Telephone # Home ( )__________________________ Work ( )__________________________

Cell ( )__________________________ Alternate ( )__________________________

I certify that all information provided is accurate and complete to the best of my knowledge.

Applicant’s Signature ____________________________ Date ____________________________