

DENMARK TECHNICAL COLLEGE

ADMISSION APPLICATION

COLLEGE USE ONLY

Student ID#: _____

Keyed by: _____

Student Enrollment Status

- New: First-Time Freshman
- Readmit: Did not attend DTC in previous semester
- Transfer: Coming to DTC from another college or university
- Transient: Attending another college, enrolling at DTC for a course
- Dual Enrollment: High school student taking college courses

Semester to enter DTC

- Fall (August – December)
- Spring (January – May)
- Summer (May – July)

Year: _____

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 Phone: () _____

Email Address: _____

Date of Birth: _____/_____/_____ Sex: Male Female

Do you require on-campus housing? Yes No

Do you require Financial Aid? Yes No

Are you a Veteran? Yes No

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

*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

Residency Status Information

Are you a nonresident alien? Yes No

Are you a U.S. Citizen? Yes No

Are you a legal resident of South Carolina? Yes No

_____ SC County of Residence

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

EDUCATIONAL EXPERIENCE

Name of High School Last Attended: _____ Location (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 where GED was taken: _____
 Month/Year GED received: _____/_____

Have you taken the ACCUPLACER Placement Test? Yes No (If yes, please have scores sent to the Admissions Office.)

Previous College or University	City/State	Dates Attended	Grad	Grad Date	Degree Received
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

DEGREE, DIPLOMA, & CERTIFICATE PROGRAMS OF STUDY

Please check the program you wish to enter

COLLEGE TRANSFER PROGRAMS, DIVISION OF ARTS & SCIENCES	DIVISION OF BUSINESS, COMPUTER & RELATED TECHNOLOGIES	DIVISION OF PUBLIC SERVICE	DIVISION OF INDUSTRIAL & RELATED TECHNOLOGIES
<p>ASSOCIATE DEGREES</p> <p><input type="checkbox"/> Associate in Arts</p> <p><input type="checkbox"/> Associate in Science</p> <p><input type="checkbox"/> Associate in Applied Science, major in General Technology</p> <p>CERTIFICATES</p> <p><input type="checkbox"/> General Studies</p> <p><input type="checkbox"/> Pre-Medical</p>	<p>ASSOCIATE IN APPLIED SCIENCE, major in:</p> <p><input type="checkbox"/> Administrative Office Technology</p> <p><input type="checkbox"/> Computer Technology</p> <p><input type="checkbox"/> General Business</p> <p>CERTIFICATE IN APPLIED SCIENCE, major in:</p> <p><input type="checkbox"/> Accounting</p> <p><input type="checkbox"/> Cybersecurity</p> <p><input type="checkbox"/> Entrepreneurship/Small Business</p> <p><input type="checkbox"/> Multimedia-Web/Graphics Design</p> <p><input type="checkbox"/> Word Processing</p> <p>DIPLOMA IN APPLIED SCIENCE, major in:</p> <p><input type="checkbox"/> Administrative Support</p> <p><input type="checkbox"/> Barbering</p> <p><input type="checkbox"/> Cosmetology</p>	<p>ASSOCIATE IN APPLIED SCIENCE, major in:</p> <p><input type="checkbox"/> Criminal Justice</p> <p><input type="checkbox"/> Early Care & Education</p> <p><input type="checkbox"/> Human Services</p> <p>CERTIFICATE IN APPLIED SCIENCE, major in:</p> <p><input type="checkbox"/> Criminal Justice</p> <p><input type="checkbox"/> Culinary Arts</p> <p><input type="checkbox"/> Early Childhood Development</p> <p><input type="checkbox"/> Gerontology</p> <p>DIVISION OF NURSING</p> <p>DIPLOMA IN APPLIED SCIENCE, major in:</p> <p><input type="checkbox"/> License Practical Nurse</p> <p>CERTIFICATE IN APPLIED SCIENCE, major in:</p> <p><input type="checkbox"/> Nurse Aide Assistant</p>	<p>ASSOCIATE IN APPLIED SCIENCE, major in:</p> <p><input type="checkbox"/> Electromechanical Engineering Technology</p> <p>CERTIFICATE IN APPLIED SCIENCE, major in:</p> <p><input type="checkbox"/> Building Construction Fundamentals</p> <p><input type="checkbox"/> Computer Servicing & Repair</p> <p><input type="checkbox"/> Plumbing</p> <p><input type="checkbox"/> Welding</p> <p>*Subject to Change</p>

EMERGENCY CONTACT INFORMATION (provide at least 1)

Full Name: _____

Relationship to you: Parent Spouse Guardian
 Other _____

Telephone: Home () _____

Cell () _____

Full Name: _____

Relationship to you: Parent Spouse Guardian
 Other _____

Telephone: Home () _____

Cell () _____

SIGNATURE

I certify that all information provided is accurate and complete to the best of my knowledge. I realize that any falsification of information or willful omission of requested information may be sufficient cause for the college to cancel my enrollment.

Applicant's Signature _____ Date _____

How did you hear about Denmark Technical College? (Check all that apply)

Alumni College Recruiter Internet Newspaper Radio Television Other _____

There shall be no discrimination, in any respect, by Denmark Technical College against a student, or applicant for admission as a student, based on race, color, age, religion, national origin, sex or disability. For inquiries on nondiscrimination policies, contact: Sharon Miller, Disability Coordinator, 1126 Solomon Blatt Blvd., Denmark, SC 29042, or call (803) 793.5274.