

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

How did you hear about DTC?

- Television College Recruiter
- Radio Internet
- Newspaper Other: _____

Non-Hispanics only:

- Veteran
- American Indian or Alaska Native
- Asian Black or African American White
- Native Hawaiian or Other Pacific Islander

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

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

Previous College or University	Address	Dates Attended	Graduated	Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Degree Awarded				



Denmark Technical College Residency Information Form

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

Part A. Student Background

Social Security # _____ / _____ / _____

Permanent address _____
City _____ State _____ Zip _____ Telephone number() _____
Length of time at this address _____ Years _____ Months _____

List all addresses where you have lived for more than 30 days during the past 48 months. Begin with the most current address.

Address _____ City/State _____ Date _____

Part B. Residency Issues

- Do you claim South Carolina as your residence for tuition purposes? Yes _____ No _____
- Upon whom are you basing your claim for residency? Self _____ Parent _____ Legal Guardian _____ Spouse _____
- If claim for residency is based on you, answer the following:
 - How long have you resided in South Carolina? Years _____ Months _____ State of previous residency _____
 - If you moved to South Carolina within the past five years, what prompted your move to this state?
 Education Employment other _____
 - Were you claimed as a tax dependent for the prior tax year before your admissions? Yes No
 - Previous state or country of residence: _____
 - Your driver's license number _____ State _____ Date issued _____
This is a (check one) new license renewed license Expiration date _____
 - Have you been employed in South Carolina within the past 12 months? Yes _____ No (If yes, list employer's information)
Employer _____ City/State _____ Date _____ Full or part-time _____ Telephone Number _____

- If your claim for residence status is based upon your parent, legal guardian or spouse, complete the following information.
 - Name of person upon whom residency is based _____
 - Relationship to you: _____ parent _____ legal guardian _____ spouse If spouse, date of marriage _____
 - How long has this person resided in South Carolina? Years _____ Months _____ State of previous residency _____
 - If this person moved to South Carolina within the past five years, what prompted their move to this state?
 Education Employment other _____
 - Is this person a United States citizen? Yes No If no, country of citizenship _____
 - Has parent, legal guardian, or spouse claimed you as a dependent for federal tax purposes for the tax year preceding your term of enrollment? Yes No
 - Driver's license number of parent, guardian or spouse _____ State _____ Date issued _____
This is a (check one) new license renewed license. Expiration date _____
 - Has your parent, guardian, or spouse been employed in South Carolina within the last 12 months? Yes _____ No _____
If yes, list employer's information
Employer _____ City/State _____ Date _____ Full or part-time _____ Telephone number _____

- If claim for in-state tuition is based upon current military assignment in South Carolina, complete the following information. Documentation verifying military assignment must be submitted.
 - Person on active duty in service Self _____ Spouse _____ Parent/guardian _____ Home State of record _____
 - Is the person in a reserve unit in South Carolina? Yes _____ No _____

I hereby certify that the information I have provided is accurate and that I am making this application in good faith based on the belief that I am eligible to pay tuition and fees at a rate afforded to legal residents of South Carolina.

Signature _____ Date _____

Print Full Name: _____



FERPA RELEASE AUTHORIZATION FORM

Denmark Technical College
Phone: 803 -793-5176
Website: www.denmarktech.edu

WHAT IS FERPA

FERPA, the Family Educational Rights and Privacy Act of 1974, as Amended, protects the privacy of student educational records. It gives students the right to review their educational records, the right to request amendment to records they believe to be inaccurate, and the right to limit disclosure from those records. An institution's failure to comply with FERPA could result in the withdrawal of federal funds by the Department of Education.

WHAT INFORMATION IS PROTECTED UNDER FERPA?

FERPA-protected information includes, but is not limited to:

- Social Security Number
- Student ID
- Residency Status
- Gender
- Religious Preference
- Race/Ethnicity
- Grades/ GPA
- Student's Class Schedule
- Test Scores
- Academic Standing
- Academic Transcripts
- Disciplinary Actions

FERPA AUTHORIZATION

To authorize the release of FERPA-protected information, the student must complete all items below and submit this form to the Associate Vice President for Student Services, Bldg. 029.

Student's Name: _____
(Please print)

Student ID: _____

____ Please list specific information to be discussed:

I authorize the above information to be shared with the following individual(s):

Name(s): _____

As required by the Family Educational Rights and Privacy Act of 1974, as Amended (FERPA), by my signature I hereby authorize Denmark Technical College, to provide information that I have identified above. This authorization shall remain in force until I submit to the AVP of Student Services Office a written and signed notification rescinding my permission to release the records noted, until I graduate and am no longer a student at DTC, whichever should come first.

Student's Signature: _____

Date: _____

South Carolina State Grants/Scholarships Affidavit

As a Need-based Grant and/or Lottery or Life Scholarship recipient, I certify that I have not been convicted of any felonies. Further, I certify that I have not been convicted of an alcohol or drug related misdemeanor offense during the preceding calendar year defined as 12 months from the date of the start of school for the period of this award. If I am adjudicated delinquent or am convicted or pled guilty or nolo contendere to any felonies or any alcohol or drug related misdemeanor offense under the laws of this or any other state, I agree to notify the Financial Aid Office by the start of school. I hereby give permission for a background check to be conducted to verify the above. I understand additional information may be requested after the background check has been conducted.

Any false information provided by the student or an attempt to expand any scholarship funds for unlawful purposes or any purpose other than in payment or reimbursement for the cost of attendance at the institution authorized to award the scholarship and/or grant will be cause of immediate cancellation. Any student who has obtained a scholarship through means of a willfully false statement or failure to reveal any material fact, condition, or circumstances affecting eligibility will be subject to applicable civil or criminal penalties, including retroactive loss of the scholarship and/or grant.

LIFE or Lottery Scholarship Recipients who do not complete a Free Application for Federal Student Aid:

I also affirm that I am presently not in default on any Federal or State student loans nor do I owe any refunds to any Federal or State financial aid programs.

Need-based Grant Recipients Only:

As a Need-based Grant recipient, I certify that I have not received the Grant for more than (8) full-time equivalent terms.

Please check below applicable grant/scholarship:

Lottery **LIFE** **Need-based**

Printed Name

Social Security Number

Signature

Date

THIS FORM MUST BE RETURNED BEFORE ANY GRANT/SCHOLARSHIP CAN BE DISBURSED.