

**FOR OFFICE USE ONLY:**

SID # \_\_\_\_\_ Receipt # \_\_\_\_\_ Date Application Fee Rec'd \_\_\_\_\_ Initials \_\_\_\_\_



# Application For Admission

www.coastalpines.edu

Submit the completed application and pay \$25 **non-refundable application fee**. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

SOCIAL SECURITY NUMBER				DATE OF BIRTH (MM/DD/YY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME		FIRST NAME		MIDDLE NAME	
ALL PREVIOUS NAMES USED					
MAILING ADDRESS			CITY	STATE	ZIP CODE
E-MAIL ADDRESS					
WORK PHONE		CELL PHONE		HOME PHONE	
<b>EMERGENCY CONTACT INFORMATION</b> Please submit the name and phone numbers of the person to contact in the event of an emergency.					
NAME			RELATIONSHIP		
WORK PHONE		HOME PHONE		CELL PHONE	
<b>STATISTICAL DATA</b> This voluntary information is used for purposes of reporting to federal compliance agencies.					
RACE	Are you Hispanic or Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> American Indian or Alaskan Native (1)	<input type="checkbox"/> Asian (2)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
		<input type="checkbox"/> Black or African American (3)	<input type="checkbox"/> Native Hawaiian or other Pacific Islander (4)	<input type="checkbox"/> White (5)	
<b>RESIDENCY INFORMATION</b> The following information will be used to determine tuition rates and financial aid eligibility. Failure to provide accurate and valid information may impact tuition.					
Are you applying for in-state tuition? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you lived in Georgia for the last 12 consecutive months or more?			<input type="checkbox"/> YES <input type="checkbox"/> NO	How long? _____ Years _____ Months	
Are you under 24 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES, did your parent(s) or legal guardian(s) claim(s) you on their most recent Federal tax return? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES, what is the state of legal residence of the parent(s) or legal guardian who claimed you? _____					
Has this person lived in that state for the last 12 consecutive months? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If you are over 24 (or if you are under 24 and no one claimed you on the most recent tax return), have you been a Georgia resident for the last 12 consecutive months? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Are you a U.S. citizen? (If YES, go to the program section.) <input type="checkbox"/> YES <input type="checkbox"/> NO					
If you answered NO to the above, are you in the United States on a Visa? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If you are NOT on a Visa, what is your country of birth/citizenship? _____					
<b>PROGRAM &amp; STUDENT TYPE INFORMATION</b>					
<input type="checkbox"/> ASSOCIATE DEGREE	<input type="checkbox"/> CERTIFICATE	PROGRAM OF STUDY:		CONCENTRATION:	
<input type="checkbox"/> DIPLOMA	<input type="checkbox"/> OTHER				
SEMESTER TO BEGIN: Year: 20 _____ <input type="checkbox"/> FALL (August) <input type="checkbox"/> SPRING (January) <input type="checkbox"/> SUMMER (May)					
LOCATION: <input type="checkbox"/> WAYCROSS <input type="checkbox"/> JESUP <input type="checkbox"/> GOLDEN ISLES <input type="checkbox"/> CAMDEN <input type="checkbox"/> HAZLEHURST <input type="checkbox"/> BAXLEY <input type="checkbox"/> ALMA					
ENTERING STATUS: <input type="checkbox"/> BEGINNING <input type="checkbox"/> TRANSFER <input type="checkbox"/> RETURNING <input type="checkbox"/> HIGH SCHOOL (DUAL OR ACCEL) <input type="checkbox"/> TRANSIENT <input type="checkbox"/> SPECIAL ADMIT					

## MILITARY INFORMATION

Are you currently active duty, a veteran, a member of the National Guard, or a Reservist in the U.S. Armed Forces?  YES  NO

If yes, please specify:  Active Duty  Veteran  National Guard  Reservist

What is your Home of Record state? \_\_\_\_\_

Are you stationed or assigned to Georgia?  YES  NO

Are you a dependent or spouse of an active duty member, veteran, member of the National Guard, or a Reservist in the U.S. Armed Forces?  YES  NO

If yes, please specify:  Active Duty  Veteran  National Guard  Reservist

Which branch?:  Air Force  Army  Coast Guard  Marine Corps  Navy

## FIRST GENERATION STUDENT

Did your father graduate from college?  YES  NO  UNKNOWN

Did your mother graduate from college?  YES  NO  UNKNOWN

## HIGH SCHOOL INFORMATION

Coastal Pines Technical College does not accept special education diplomas or certificates of completion. All secondary schools must have appropriate accreditation for acceptance.

Choose ONE of the following (fill in the blanks).

I graduated OR will graduate from: \_\_\_\_\_ (Name of High School) Graduation Year: \_\_\_\_\_

Name of city and state for this high school: \_\_\_\_\_

OR

I earned my GED in \_\_\_\_\_ (Year) State of: \_\_\_\_\_ OR I am still taking parts of the exam for my GED:  YES

## COLLEGE INFORMATION

Please list all colleges, universities, and technical colleges attended:

Name of College/University	City, State	From: _____ Month/Year	To: _____ Month/Year	_____	Degree Earned
Name of College/University	City, State	From: _____ Month/Year	To: _____ Month/Year	_____	Degree Earned
Name of College/University	City, State	From: _____ Month/Year	To: _____ Month/Year	_____	Degree Earned
Name of College/University	City, State	From: _____ Month/Year	To: _____ Month/Year	_____	Degree Earned
Name of College/University	City, State	From: _____ Month/Year	To: _____ Month/Year	_____	Degree Earned

Official transcripts from all previously attended schools must be received by **Coastal Pines Technical College** in a sealed envelope from the issuing institution. All foreign transcripts must be evaluated by an approved evaluation agency. All post secondary institutions must have appropriate accreditation for acceptance.

### ***My signature on this application is my acknowledgment of an agreement with the statements that follow:***

- I understand that pursuant to O.C.G.A. 16-10-20, it is a felony to make a false statement on any state document. In addition, making a false statement on this application may result in dismissal from the College.
- I certify that by signing this application I have incurred a \$25 application fee, and the fee is non-refundable.
- All materials submitted for application become the property of Coastal Pines Technical College and will not be returned.
- I give permission for Coastal Pines Technical College to release information to potential employers as part of the career services provided by the College.
- I understand that Coastal Pines Technical College is not liable for any emergency medical attention provided nor for charges incurred from such.
- I understand the Coastal Pines Technical College Catalog and Student Handbook is available online at [www.coastalpines.edu](http://www.coastalpines.edu) and is available in digital format in the Student Affairs office on my local campus.
- I give Coastal Pines Technical College permission to contact me at the telephone numbers I have provided via any means, including text message or voice.
- I, hereby, consent to the release of directory information, as defined in the College catalog/handbook.
- By submitting this application and upon my admission to the college, I understand that my name, quotations, and photographic likeness may be used in all forms and media for advertising, trade, and any other lawful purposes on behalf of Coastal Pines Technical College or the Technical College System of Georgia and that I will not receive now or in the future compensation for this usage. I also understand that my name, quotations, and photographic likeness may be posted on the Coastal Pines Technical College website and/or its official social media sites, and can be downloaded by any computer user on or off campus. Therefore, I agree to indemnify and hold harmless from any claims the Technical College System of Georgia, the State of Georgia and all employees of Coastal Pines Technical College. I understand that, as a student age 18 or older, it is my responsibility to notify the Coastal Pines Technical College Office of Student Affairs at 1701 Carswell Avenue, Waycross, GA 31503, if I refuse to have my name, quotations or photographic likeness used for the College's unlimited purposes. In addition, all students under the age of 18 must have parental or guardian permission for his or her name, quotations or photographic likeness to be used by the College. The Coastal Pines Technical College Advancement Office is responsible for obtaining a signed release form in these instances. Copies of these forms may be obtained through the College's Advancement Office by calling (912) 287-5829. I agree to the Photographic Likeness and Quotation Release stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Coastal Pines Technical College is a unit of the Technical College System of Georgia. Equal Opportunity Institution. | [www.coastalpines.edu](http://www.coastalpines.edu) | 877.332.8682

As set forth in the student catalog, Coastal Pines Technical College (CPTC) does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following persons have been designated to coordinate the College's implementation of non-discrimination policies: Katrina Howard, Title IX Coordinator, Jesup, Office 132, [khoward@coastalpines.edu](mailto:khoward@coastalpines.edu), 912.427.5876; Cynthia Linder, Title IX Coordinator, Waycross Campus, [clinder@coastalpines.edu](mailto:clinder@coastalpines.edu), 912.287.4098; and Cathy Montgomery, ADA/Section 504 Coordinator, Jesup, Office 174, [cmontgomery@coastalpines.edu](mailto:cmontgomery@coastalpines.edu), 912.427.6265.



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# Admissions Checklist

## REQUIRED TO PROCESS YOUR APPLICATION

- |  |  |
|--|--|
| <input type="checkbox"/> Pay the one-time \$25 application fee   | <input type="checkbox"/> Submit valid driver's license/state ID (see reverse side for acceptable forms of proof for Lawful Presence) |
| <input type="checkbox"/> Submit official high school or GED transcripts  | <input type="checkbox"/> Submit proof of residency, if in-state tuition is requested   |
| <input type="checkbox"/> Submit official transcripts from <b>ALL</b> colleges attended ( <i>regardless of whether transfer of credit is sought</i> ) |  |

### Accuplacer Sections Required

Complete all or a portion of the Accuplacer entrance exam below as deemed necessary. Must present valid picture ID prior to testing.

\_\_\_\_\_ English                      \_\_\_\_\_ Reading  
 \_\_\_\_\_ Numerical Math        \_\_\_\_\_ Algebra

## APPLICANT RESPONSIBILITY

### Apply and Prepare

- Submit all official documentation and transcripts to the admissions office by deadline.
- Know your student e-mail account and check regularly for all college-related notifications.
- Update your current mailing address in Banner Web.
- A \$15 retest fee for Accuplacer is charged.
- Documents are considered official if received in a sealed envelope from the sending institution or received electronically via Scrip-safe software or GAFutures.

### Advisement Information

- Anticipate an acceptance letter with program of study and advisor information.
- Schedule an appointment to meet with your program advisor.
- Register for your classes.
- Check Banner Web to verify your schedule/bill (you will only be mailed a schedule/bill for your classes if you are registered five weeks prior to the class start date).

## CAMPUS LOCATIONS

**WAYCROSS CAMPUS**  
 1701 Carswell Ave  
 Waycross, GA 31503  
 Phone (912) 287.6584

**ALMA**  
 101 West 17<sup>th</sup> St  
 Alma, GA 31510  
 Phone (912) 632.0951

**CAMDEN**  
 8001 The Lakes Blvd  
 Kingsland, GA 31548  
 Phone (912) 510.3327

**HAZLEHURST**  
 677 Douglas Hwy  
 Hazlehurst, GA 31539  
 Phone (912) 379.0041

**BAXLEY**  
 1334 Golden Isles Pkwy, W  
 Baxley, GA 31513  
 Phone (912) 367.1700

**GOLDEN ISLES**  
 3700 Glynco Pkwy  
 Brunswick, GA 31525  
 Phone (912) 262.4999

**JESUP**  
 1777 West Cherry St  
 Jesup, GA 31545  
 Phone (912) 427.5800

## VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES

Effective January 1, 2012, Georgia law (O.C.G.A. § 50-36-1) requires all students applying for in-state tuition to provide validation of lawful presence in the United States. The following documents will serve as proof of lawful presence in the United States, and documentation will be required before you are eligible for consideration of in-state tuition:

- current Driver's License issued by the State of Georgia after January 1, 2008
- current ID issued by the State of Georgia after January 1, 2008
- current Driver's License or ID from:
  - ◊ **Alabama** - issued after August 1, 2000
  - ◊ **Florida** - issued after January 1, 2010
  - ◊ **South Carolina** - issued after November 1, 2008
  - ◊ **Tennessee** - issued after May 29, 2004
- certified United States Birth Certificate showing the student was born in the United States or a United States territory (a photocopy is not acceptable)
- approved, completed FAFSA (Free Application for Federal Student Aid) for the current financial aid year
- current, valid Permanent Resident Card (USCIS form I-151 or I-551)
- current, valid military identification card for active duty soldiers or veterans
- United States Certificate of Birth Abroad issued by the Department of State (DS-1350) or a Consular Report of Birth Abroad (FS-240)
- current United States Passport
- United States Certificate of Citizenship (USCIS form N-560 or N-561)
- United States Certificate of Naturalization (USCIS form N-550 or N-570)

Any student who cannot be verified as lawfully present in the United States is not eligible to be considered for in-state or out-of-state tuition, regardless of how long he or she has lived in Georgia. In addition to being lawfully present in the United States, students must meet the in-state tuition requirements as outlined in Technical College System of Georgia Board Policy and Procedure V.B.3 to warrant an in-state classification. Students initially classified as out-of-state who successfully petition to have their residency changed to in-state must also meet the Lawful Presence verification requirement.

## PROOF OF GEORGIA RESIDENCY

**Dependent student** (under age 24 and claimed by parent/guardian on the most recent tax return)

Student must provide:

A copy of the parent's/legal guardian's Georgia Tax Form 500 showing that he/she claimed the student on his/her taxes for the previous twelve months. (Financial information can be deleted or redacted.)

**OR**

at least one (1) of the following items to prove Georgia residency for the past twelve consecutive months of the parent or guardian who claimed the student on the most recent tax return:

- Georgia automobile registration, Georgia voter registration, or Georgia Driver's License
- Notarized letter on company letterhead indicating lease status
- Proof of ownership of primary residence in Georgia (mortgage, tax bill)
- Utility bill/bank statement\*

**Independent Student** (over age 24 or under age 24 and not claimed by a parent/guardian on most recent tax return)

Student must provide:

At least one (1) of the following items to prove Georgia residency for the past twelve consecutive months:

- Georgia State Income Tax Form 500
- Georgia automobile registration, Georgia voter registration, or Georgia driver's license
- Notarized letter on company letterhead indicating lease status
- Proof of ownership of primary residence in Georgia (mortgage, tax bill)
- Utility bill/bank statement \*

\*May be used to supplement alternate forms of proof.