

# Application for Credit Program

NEW STUDENT    RETURNING STUDENT    HEALTH PROGRAM APPLICANT

Online Application: [www.forsythtech.edu](http://www.forsythtech.edu)



Return the completed application to:  
Admissions Office  
Forsyth Technical Community College  
2100 Silas Creek Parkway  
Winston-Salem, N.C. 27103  
(336) 734-7253 • Fax (336) 734-7291

1. **SOCIAL SECURITY NUMBER** \_\_\_\_\_ (Providing your Social Security number is mandatory. It is used for record keeping purposes and the issuance of IRS Form 1098-T. It is also required in order to apply for Federal Financial Aid.)

2. **NAME** Last \_\_\_\_\_ First \_\_\_\_\_ Middle/Former \_\_\_\_\_

3. **ADDRESS** Street/P.O. Box \_\_\_\_\_ **APT. NUMBER** \_\_\_\_\_

4. **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **COUNTY** \_\_\_\_\_

5. **HOME PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_ **WORK/CELL PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_

6. **BIRTH DATE** - Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **PLACE OF BIRTH** - City \_\_\_\_\_ State \_\_\_\_\_

7. **RACE/ETHNICITY**- This information is for statistical purposes only.

Please check (✓).  White (1)    Black (2)

American Indian (3)    Hispanic (4)

Asian (5)    Other, Unknown, Multi (6)

8. **SEX**  Male  Female

9. **E-MAIL ADDRESS**

\_\_\_\_\_ @ \_\_\_\_\_

10. **SEMESTER AND YEAR YOU PLAN TO ENTER** – Please indicate.

\_\_\_\_\_ Fall 200\_\_\_\_\_   \_\_\_\_\_ Spring 200\_\_\_\_\_   \_\_\_\_\_ Summer 200\_\_\_\_\_

11. **IMPORTANT** – This section **MUST BE COMPLETED** for your application to be processed.

## CREDIT PROGRAM OF STUDY \_\_\_\_\_

12. **PLEASE INDICATE WHICH LEVEL**

\_\_\_\_\_ Associate Degree   \_\_\_\_\_ Diploma   \_\_\_\_\_ Certificate   \_\_\_\_\_ Advanced Health Program

13. **IF SPECIAL CREDIT, LIST CLASS OR CLASSES** – Special credit students are applicants not seeking a degree.

\_\_\_\_\_

14. **ACADEMIC GOALS** - Please check (✓) only one.

\_\_\_ 1. To obtain an associate degree, diploma or certificate or to obtain an associate degree and then transfer to a four-year institution (GR)

\_\_\_ 2. To take courses to transfer to another college without earning a degree at Forsyth Tech (TR)

\_\_\_ 3. To enhance job skills in present field of work (EP)

\_\_\_ 4. To enhance employment skills for a new field of work (EN)

\_\_\_ 5. To take courses for personal enrichment or interest (PE)

\_\_\_ 6. Undecided (GU)

15. **CITIZENSHIP INFORMATION**

Are you a legal United States citizen?    Yes    No

Visa \_\_\_\_\_ Visa Type \_\_\_\_\_ Expiration Date \_\_\_\_\_ Resident Alien \_\_\_\_\_ Expiration Date \_\_\_\_\_ (Please provide copy of valid card.)

Other \_\_\_\_\_ Please specify what kind of status/documentation. \_\_\_\_\_

**16. RESIDENCY STATUS INFORMATION**

Are you a legal resident of North Carolina?  Yes  No When did you move to North Carolina?  Month  Year  
Have you maintained your residence in North Carolina for at least 12 months prior to the date of your projected enrollment?  
 Yes  No  
If no, in what state did you reside prior to moving to North Carolina?

**17. FINANCIAL AID - Special credit students are NOT ELIGIBLE for financial assistance or VA benefits.**

Are you applying for Veteran Affairs (VA) educational benefits?  Yes  No  
Do you plan to apply or continue with financial aid including grants, work study, or scholarships?  Yes  No

**18. DO YOU PLAN TO ATTEND**  Full Time  Part Time

**19. I AM CURRENTLY A - Please check (✓) if applicable.**

Forsyth Tech Full-time Employee  Military/Military Dependent  
 Senior Citizen (65+)  Dual Enrollment/Huskins

**20. EMPLOYMENT STATUS - Please check (✓) one.**

Retired (R)  Employed 11 – 20 hours per week (E2)  
 Unemployed – Not seeking employment (UN)  Employed 21 – 39 hours per week (E3)  
 Unemployed – Seeking employment (US)  Employed 40+ hours per week (E4)  
 Employed 1 – 10 hours per week (E1)

**21. EDUCATION - Please check (✓) the highest grade completed.**

9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>  GED  13 Adult High School (Through a Community College)  
 14 College Vocational Diploma  15 Associate Degree  16 Bachelor's Degree  17 Master's Degree or Higher  
High School Name  Completion Month/Year  /   
City  State   
If GED/AHS graduate, where was it earned?  State  Completion Month/Year  /   
If GED/AHS graduate, last school attended prior to earning GED/AHS  State  Last Year Attended   
Name and addresses of colleges previously attended – *Begin with most recent.*  
1. Name  State  Dates Attended  Degree Earned  Date Earned   
2. Name  State  Dates Attended  Degree Earned  Date Earned   
3. Name  State  Dates Attended  Degree Earned  Date Earned

**22. EMERGENCY CONTACT**

Home Phone Number (  )  Work Phone Number (  )   
Name  Relationship

**23. I certify that these responses are true to the best of my knowledge and agree to reasonable inquiry where needed. I am aware that falsification here may result in disciplinary action including denial of admission or dismissal after admission.**

Signature  Date

<b>FOR OFFICE USE ONLY</b>	
Date <input type="text"/>	Semester <input type="checkbox"/> Fall
Curriculum <input type="text"/>	<input type="checkbox"/> Spring
Approved <input type="text"/>	<input type="checkbox"/> Summer
Comments/Condition <input type="text"/>	