

Application for Admission

To complete your application online,
go to www.forsythtech.edu. Click on Courses, Admissions and Online Application.

Please check (✓) one. NEW STUDENT RETURNING STUDENT HEALTH PROGRAM APPLICANT

Return the completed application to:

Admissions Office > Forsyth Technical Community College > 2100 Silas Creek Parkway > Winston-Salem, NC 27103 > 336.734.7556 > Fax 336.734.7291

1. SOCIAL SECURITY NUMBER _____ - _____ - _____ (Providing your Social Security number is mandatory if you intend to apply for Federal Financial Aid and for the issuance of IRS Form 1098-T.)

2. NAME Last _____ First _____ Middle/Former _____

3. MAILING ADDRESS _____

4. CITY _____ STATE _____ ZIP _____ COUNTY _____

5. HOME PHONE NUMBER (_____) _____ WORK/CELL PHONE NUMBER (_____) _____

6. BIRTH DATE - Month _____ Day _____ Year _____

7. GENDER Male Female

8. ETHNICITY - This information is for statistical purposes only.

Are you Hispanic or Latino? Yes (HIS) No (NHS)

Hispanic/Latino: Mexican, Puerto Rican, Cuban, Cenral or South American or other Spanish origin or culture, regardless of race.

9. RACE - This information is for statistical purposes only. Please check (✓) one or more.

- American Indian or Alaska Native (AN)
- Asian (AS)
- Black or African American (BL)
- Native Hawaiian or Other Pacific Islander (HP)
- White (WH)

10. E-MAIL ADDRESS _____ @ _____

11. SEMESTER AND YEAR YOU PLAN TO ENTER - Please check (✓) only one.

Fall 20____ Spring 20____ Summer 20____

12. IMPORTANT – This section MUST BE COMPLETED for your application to be processed. If you are not seeking a degree, diploma or certificate, please indicate Special Credit and skip #13. If Special Credit, note that you are not eligible for financial assistance or VA benefits.

PROGRAM OF STUDY _____

13. PLEASE INDICATE WHICH LEVEL

Associate Degree Diploma Certificate Advanced Health Program

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

If no, please indicate if you are a: Permanent Resident Alien (Copy of valid card required)

Visa Holder Visa Type (Copy of Visa required)

No Visa/Undocumented

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 residency in North Carolina for 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? _____

Are you dependent on your parents? Yes No

If yes, in what state do they reside? _____

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

Forsyth Tech Full-time Employee

Senior Citizen (65+)

Military/Military Dependent

High School Dual Enrollment Student

18. EMPLOYMENT STATUS - Please check (✓) one.

Retired (R)

Unemployed – Not seeking employment (UN)

Unemployed – Seeking employment (US)

Employed 1 – 10 hours per week (E1)

Employed 11 – 20 hours per week (E2)

Employed 21 – 39 hours per week (E3)

Employed 40+ hours per week (E4)

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

9th 10th 11th 12th 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 _____ Graduation Month/Year _____ / _____

City _____ State _____

Is this high school Public? Private? Homeschool? Correspondence/Online?

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 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 _____

20. EMERGENCY CONTACT

Home Phone Number (_____) _____ Work Phone Number (_____) _____

Name _____ Relationship _____

21. 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 _____

Don't forget to:
 > *Submit application*
 > *Send in official transcript*
 > *Take the Computerized Placement Test (CPT), if required*