

HGTC PROGRAMS

Associate Degrees • Certificates • Diplomas

ADVANCED MANUFACTURING & INDUSTRIAL TECHNOLOGY

Associate Degree

Machine Tool Technology

Certificate

Advanced Welding Technologies
Commercial Refrigeration &
Air Conditioning
Machine Tool Operations
Residential HVAC Service Technician

ARTS, SCIENCES & UNIVERSITY TRANSFER

Associate Degree

Associate in Arts
Business Transfer
Education Transfer

Associate Degree

Associate in Science
Civil Engineering Transfer
Health Science
Turfgrass Science

BUSINESS TECHNOLOGY

Associate Degree

Accounting
Administrative Office Technology
Business Administration
Marketing
Public Service Administration
Hospitality Management
Sports Tourism

Certificate

Administrative Support
Basic Business
Interior Design
Medical Administrative Assistant

CULINARY & HOSPITALITY

Associate Degree

Culinary Arts Technology

Certificate

Baking & Pastry Arts
Kitchen & Food Preparation Techniques
Professional Cooking

ENGINEERING TECHNOLOGY & INDUSTRIAL TECHNOLOGY

Associate Degree

Civil Engineering Technology
Construction Management Technology
Electronics Engineering Technology
General Engineering Technology

Certificate

Computer Aided Design
Electrical Lineman Technician
Robotics Technology
Surveying

HEALTH SCIENCE TECHNOLOGY

Associate Degree

Dental Hygiene
Emergency Medical Technology
Nursing ADN
Physical Therapist Assistant
Radiologic Technology

Certificate

Diagnostic Medical Sonography
Emergency Medical Technology
Basic
Paramedic
Medical Coding & Billing
Patient Care Medical Assistant
Pharmacy Technician
Phlebotomy
Surgical Technology
Diploma
Expanded Duty Dental Assisting
Nursing PN

INFORMATION TECHNOLOGY & DIGITAL ARTS

Associate Degree

Computer Technology
Networking
Programming
Digital Arts
Certificate
Certified CISCO Networking Associate
Cybersecurity
Networking

NATURAL RESOURCES TECHNOLOGY

Associate Degree

Forestry Management Technology
Timber Harvesting
Urban Forestry
Wildlife Management
Golf & Sports Turf Management
Golf Course Management
Sports Turf Management

Certificate

Natural Resources & Environment

OCCUPATIONAL TECHNOLOGY

Associate Degree

Aviation Maintenance

PERSONAL SERVICES

Certificate

Cosmetology
Esthetics Technician
Massage Therapy

PUBLIC SERVICE TECHNOLOGY

Associate Degree

Criminal Justice Technology
Crime Scene Investigation
Homeland Security
Early Care & Education
Human Services
Paralegal/Legal Assistant
Certificate
Child Care Management
Early Childhood Development
Fire Science
Homicide Investigation
Latent Print Collection & Classification
Paralegal Specialist

Application for Readmission

This application is required of individuals that have previously attended HGTC and have not been enrolled during the past twelve months. This is necessary to reactivate current student status. Visiting students must complete this application each semester.

A non-refundable application fee of \$30 is required with this application.
Please print in ink.

PERSONAL INFORMATION

H# (To be completed by HGTC staff): _____

Social Security No. _____ - _____ - _____ Date of Birth ____/____/____ Gender: Female Male

Name _____
(As it appears on Social Security card) Last First Middle Suffix

Preferred Name _____

Former Name _____

Mailing Address _____
Street Address City State Zip

County (if within South Carolina) _____

Permanent Address _____
(Include only if different from mailing) Street Address City State Zip

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Email Address _____

Ethnic Background: Black / African American Asian or Pacific Islander White, not of Hispanic origin
 Hispanic American Indian or Alaska Native Other

Emergency Contact _____
Last First Middle Phone () _____

EDUCATIONAL BACKGROUND

The requirement of high school graduation/GED completion varies by program of study. However, for financial aid eligibility, proof of high school graduation/GED criteria must be met. See the current HGTC catalog available online at **www.hgtc.edu** for details.

High School Attended _____
High School (or Home School Association) City State

What is your current status?

I have earned a high school diploma I have earned a GED I have not completed secondary education.
 Date of graduation: ____/____/____ Date of graduation: ____/____/____

I have received a certificate (or individualized diploma)
 Date of graduation: ____/____/____

Prior College(s) Attended:

College / University Name	City, State	Dates Attended		Degree Earned
		From	To	
		From	To	
		From	To	
		From	To	
		From	To	

To receive transfer credits for previous course work request ALL official transcripts to be sent to HGTC Admissions, PO Box 261966, Conway SC 29528-6066 or emailed to transcripts@hgtc.edu. Credit expiration dates and transferability limits are listed in the current HGTC catalog, available online at **www.hgtc.edu**.

EDUCATIONAL PLANS

I am a: Re-Admit Student - previously attended HGTC and has not been enrolled during the past 12 months. **Enrolling in the same major.**
 Internal Transfer Student – previously attended HGTC and has not been enrolled during the past 12 months. **Enrolling in a different major.**
 Visiting Student – previously attended HGTC and is visiting from another college/university for one semester.

I will begin (check one): Fall semester (Aug. – Dec.) Spring semester (Jan. – May) Summer semester (May – Aug.) Year _____
Major: _____

I plan to: Earn an Associate Degree Earn a Diploma Earn a Certificate
 Transfer to a 4-year college (List institution if known) _____
 Take classes for personal interest/other reason (no degree)

Some programs of study require background checks, urine drug screenings and/or immunizations as part of the admissions process. There will be additional fees for these requirements. Unsatisfactory results on the criminal background check or urine drug screenings or failure to complete any required health/immunizations standards WILL prevent enrollment or result in removal from enrollment in the program of study. Admission to any of the programs is conditional. A list of these programs can be found online at https://www.hgtc.edu/documents/admissions/general_forms/backgroundcheck.pdf.

CITIZENSHIP

You must complete the citizenship portion of the application.

Are you a Citizen of the U.S.? Yes No

Are you a Permanent Resident (possess a green card) in the USA? Yes No

If yes, you must provide your Permanent Resident Card and State Issued ID to the Admissions Office for verification.

Are you a DACA student (Deferred Action for Childhood Arrivals)? Yes No

If yes, you must provide your DACA Card and State Issued ID to the Admissions Office for verification.

Are you an international student? Yes No

Are you here on a student Visa? Yes No

If yes, you must provide your US Visa and State Issued ID to the Admissions Office for verification.

What is your student Visa type? _____

Are you requesting an I-20 form? Yes No

Declaration of Citizenship or Legal Presence in the United States

The South Carolina Illegal Immigration Reform Act (S.C. Code Ann. §59-101-430 (Westlaw 2008)) prohibits those unlawfully present in the United States from attending a public institution of higher education in South Carolina and from receiving a public higher education benefit. By signing this statement you attest that you are a United States citizen, a legal permanent resident in the United States, or an alien lawfully present in the United States. In addition, the college may require you to submit documentation that supports your claim.

Any student providing false information may be subject to dismissal from the college. Any student who is found to be unlawfully present in the United States will be dismissed from the college.

_____ (Print Name) _____ (Date of Birth)

_____ (Signature) _____ (Date)

RESIDENCY

- You must complete the Residency portion of this application, the answers to these question will determine your residency classification for tuition purposes. Applicants who fail to complete all residency questions will be classified as non-residents and billed the out-of-state tuition rate.
- If you provide more than 50% of your financial support, you are considered **INDEPENDENT** and your residency claim is based upon your information.
- If someone else provides more than 50% of your financial support, you are considered **DEPENDENT** and your residency claim is based upon that person's information.
- Please complete one of the Residency Forms on the next page.

INDEPENDENT RESIDENCY INFORMATION

Applicant: If you provide more than 50% of your financial support, complete this INDEPENDENT residency form with your information.

Applicants who claim South Carolina residence for tuition and fee purposes must complete this form in its entirety. Additional information may be requested per SC Law 59-112. Residency requirements may be found online at www.che.sc.gov.

An INDEPENDENT student is defined as one who will provide more than half of his/her support for the 12 months immediately preceding his/her enrollment or re-enrollment and will NOT be claimed as a dependent or exemption on the income tax return of a parent, guardian or spouse.

STUDENT'S / APPLICANT'S INFORMATION

Name of Student: _____

Do you reside in South Carolina? Yes No
If yes, provide the date present stay in South Carolina began. _____

Do you reside in Horry or Georgetown County? Yes No
If yes, provide the date present stay in Horry or Georgetown County began. _____

Who claims you for federal income tax purposes? Self Both parents Father Mother Other _____

Driver's License? Yes No
Driver's License Number: _____ State: _____ Date Issued: _____ New (first issued) Renewed Expiration Date: _____
(mm/dd/yy)

Vehicle Registration? Yes No
State: _____ Date Issued: _____ New (first issued) Renewed Purchase Date: _____
(mm/dd/yy)

If you relocated to South Carolina, what was your previous state of residence? _____

Employment Status: Full-time Part-time Unemployed Retired Disabled
Employer Name: _____ Telephone: (_____) _____
Employer Address: _____
Employment Dates: From (mm/yy) _____ / _____ To (mm/yy) _____ / _____

If your claim to South Carolina resident status is based upon active military assignment to the state, please submit a copy of current orders to the Office of Admissions.
Branch of Service: USAF USA USN USMC USCG Home of Record on L.E.S.: _____

I hereby certify that the information I have provided on this application is complete and correct. I understand that falsification or failure to provide the correct information or omission of previous college attendance may lead to disqualification of my application for admission and immediate cancellation of registration at Horry Georgetown Technical College.
 I understand that this information will be used to determine South Carolina residency status for tuition and fee purposes.
 I understand that pursuant to the S.C. Family Privacy Act of 2002, my personal information is subject to public scrutiny or release.
 I understand that my image (photo or video) may be used by the college for marketing or instructional purposes in the normal course of college classes and activities.
 I understand that I am responsible for paying all charges and educational costs. I also understand that should the college deem it necessary to refer any unpaid expenses and/or interest to an attorney or collection agency that I am responsible for all cost of collection, including but not limited to attorney and collection agency fees.

Signature _____ Date _____

Statement of Equal Opportunity
Horry Georgetown Technical College shall not discriminate in employment or personnel decisions or in student admissions or in student decisions, or in all other segments of the College community on the basis of race, sex, age, national or ethnic origin, religion, disability, ancestry, political affiliation, marital status or unfavorable discharge from military service, in the educational programs and activities which it operates, and the College is prohibited from discrimination in such manner by applicable laws. Practices and requirements for nondiscrimination in such manner by applicable laws. Practices and requirements to enrollment of students in programs and activities of the College and employment by the College. Inquiries concerning the federal laws and their application to the College may be directed to the College's Affirmative Action/Equal Opportunity Officer, the Associate Vice President for Human Resources and Employee Relations, U.S. Department of Health and Human Services or the U.S. Department.

Student Right to Know and Campus Security Act
The Student Right to Know and Campus Security Act (Public Law 101-542), signed into law in November 1990 by the U.S. Department of Education, applies to institutions of higher education participating in federal financial assistance programs. Under this policy, current and prospective students must be informed of completion or graduation rates of students seeking certificates, diplomas or degrees. The act also requires reporting of security policies and crime statistics to students, employees, and the U.S. Department of Education. Horry Georgetown Technical College, in compliance with Student Right to Know, provides current information on these topics at www.hgtc.edu/righttoknow.

State Authorization Reciprocity Agreement
Horry Georgetown Technical College is an approved member of the State Authorization Reciprocity Agreement (SARA). As a SARA member, HGTC adheres to an established set of standards for offering distance learning among SARA member states, districts and territories. Currently, HGTC does not offer online instruction within the following states: CA, CT, FL, KY, MA, NJ, NY, PA, UT and WI.

DEPENDENT RESIDENCY INFORMATION

Applicant: If someone else provides more than 50% of your financial support, complete this DEPENDENT residency form with that person's information.

Applicants who claim South Carolina residence for tuition and fee purposes must complete this form in its entirety.
Additional information may be requested per SC Law 59-112. Residency requirements may be found online at www.che.sc.gov.

A DEPENDENT student is defined as one who will receive more than half of his/her support for the 12 months immediately preceding his/her enrollment or re-enrollment from a parent, guardian or spouse and will be claimed as a dependent or exemption on that individual's income tax returns.

Student Information

Name of Student: _____

Are you licensed to drive? Yes No

If yes, Driver's License Number: _____ State: ____ Date Issued: _____ New (first issued) Renewed Expiration Date: _____
(mm/dd/yy)

With whom do you reside? Self Both Parents Father Mother Other _____

Who claims you for federal income tax purposes? Self Both Parents Father Mother Other _____

Parents Marital Status: Single/never married Married Divorced/separated Widowed Re-married

If parents are divorced or separated, who is the custodial parent? Not applicable Father Mother Shared custody

PARENT'S / GUARDIAN'S/SPOUSE'S INFORMATION

Information of person who provides more than 50% of your financial support:

First Name: _____ Last Name: _____ Relationship: _____

Citizenship: U.S. citizen Permanent Resident Not a U.S. Citizen or Permanent Resident

How long has your parent/guardian resided in South Carolina? Years _____ Months _____

What is his/her address? (Street, City, State, Zip code): _____

What is his/her driver's license and vehicle registration information?:

Driver's License Number: _____ State: ____ Date Issued: _____ New (first issued) Renewed Expiration Date: _____
(mm/dd/yy)

Vehicle Registration State: _____ Date Issued: _____ New (first issued) Renewed Purchase Date: _____
(mm/dd/yy)

If your parent/guardian relocated to South Carolina, what was the previous state of residence? _____

What is his/her employment status?: Full-time Part-time Unemployed Retired Disabled

Employer Name: _____ Telephone: (_____) _____

Employer Address: _____

Employment Dates: From (mm/yy) _____ / _____ To (mm/yy) _____ / _____

If his/her claim to South Carolina resident status is based upon active military assignment to the state, please submit a copy of current orders to the Office of Admissions.

Branch of Service: USAF USA USN USMC USCG Home of Record on L.E.S.: _____

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Student Signature _____ Date _____

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