### HGTC PROGRAMS

**Associate Degrees • Certificates • Diplomas**

#### ADVANCED MANUFACTURING & INDUSTRIAL TECHNOLOGIES

**Associate Degree**
- Machine Tool Technology
- Mechatronics Technology

**Certificate**
- Advanced Welding Technologies
- Commercial Refrigeration & Air Conditioning
- Diesel Engine Technology
- Machine Tool Operations
- Mechatronics
- Outboard Marine Technology
- Residential HVAC Service Technician
- Residential/Commercial Electrical Technician

#### ARTS, SCIENCES & UNIVERSITY TRANSFER

**Associate Degree**
- Associate in Arts
- Associate in Science

#### BUSINESS ADMINISTRATION

**Associate Degree**
- Accounting
- Business Administration
- Sports Tourism and Recreational Management

**Certificate**
- Basic Business
- Customer Service Specialist

#### CULINARY ARTS TECHNOLOGY

**Associate Degree**
- Baking & Pastry Arts
- Culinary Arts Technology

**Certificate**
- Kitchen & Food Preparation Techniques
- Professional Cooking

#### ENGINEERING TECHNOLOGY

**Associate Degree**
- Civil Engineering Technology
- Construction Management Technology
- Electronics Engineering Technology
- General Engineering Technology

**Certificate**
- Electrical Lineman Technician
- Robotics Technology
- Surveying

#### GENERAL TECHNOLOGY

**Associate Degree**
- General Technology
- Aviation Maintenance Path

#### HEALTH SCIENCE TECHNOLOGY

**Associate Degree**
- Dental Hygiene
- Emergency Medical Technology
- Nursing ADN
- Physical Therapist Assistant
- Radiologic Technology
- Respiratory Care

**Certificate**
- Computerized Axial Tomography
- Diagnostic Medical Sonography
- Emergency Medical Technology
  - Basic
  - Paramedic
- Expanded Duty Dental Assisting
- Medical Coding & Billing
- Patient Care Medical Assistant
- Phlebotomy
- Surgical Technology
- Vascular Sonography

**Diploma**
- Nursing PN

#### INFORMATION TECHNOLOGY, DIGITAL ARTS & ADMINISTRATIVE OFFICE TECHNOLOGY

**Associate Degree**
- Computer Technology
- Cybersecurity
- Digital Arts
- Network System Management

**Certificate**
- Administrative Support
- Certified CISCO Networking Associate
- Cloud and Database
- Cybersecurity
- Medical Administrative Assistant Networking

#### NATURAL RESOURCES TECHNOLOGY

**Associate Degree**
- Forestry Management Technology
- Wildlife Management Path
- Golf & Sports Turf Management

#### PERSONAL CARE & RELATED HEALTH SERVICES

**Certificate**
- Cosmetology
- Esthetics Technician
- Massage Therapy

#### PUBLIC SERVICE TECHNOLOGY & LEGAL STUDIES

**Associate Degree**
- Criminal Justice Technology
  - Crime Scene Investigation Path
- Early Care & Education
- Human Services
- Paralegal
- Teacher Education

**Certificate**
- Early Childhood Development
- Fire Science
- 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. 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
Street Address City State Zip

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

Email Address

Are you Hispanic or Latino? ☐ Yes ☐ No
Select one or more of the following races:
☐ 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

I will earn or have earned (please select one):

☐ High School Diploma Date of graduation: _____ / _____ / _____
☐ Certificate or Individualized Diploma Date of graduation: _____ / _____ / _____
☐ GED Date of graduation: _____ / _____ / _____
☐ I will not complete Secondary education.

Please list any prior college(s) attended:

<table>
<thead>
<tr>
<th>College / University Name</th>
<th>City, State</th>
<th>Dates Attended</th>
<th>Degree Earned</th>
</tr>
</thead>
<tbody>
<tr>
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<td>From To</td>
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</tr>
</tbody>
</table>

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.

What is your citizenship status? (Please select one)

- US Citizen
- Permanent Resident (possess a green card)  
  - If yes, you must provide your Permanent Resident Card and State Issued ID to the Admissions Office for verification.
- DACA (Deferred Action Childhood Arrival) or Non Resident with Employee Authorization card  
  - If yes, you must provide your DACA Card and State Issued ID to the Admissions Office for verification.
- International  
  - Do you currently have a Visa to study in the US?  
    - Yes  
    - No  
  - If yes, you must provide your Student Visa 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 usually considered **INDEPENDENT** and your residency claim is based upon your information.

- If someone else provides more than 50% of your financial support, you are usually 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 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Student:</td>
<td></td>
</tr>
<tr>
<td>Do you reside in South Carolina?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>If yes, date present stay began.</td>
<td></td>
</tr>
<tr>
<td>Do you reside in Horry or Georgetown County?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>If yes, date present stay began.</td>
<td></td>
</tr>
</tbody>
</table>
| Who claims you for federal income tax purposes?                         | Self, Both parents, Father, Mother, Other |}
| Do you have a valid Driver's License?                                    | Yes, No         |
| If yes, Driver's license number:                                        |                 |
| New (first issued) Renewed Transferred from another state Expiration Date:|                 |
| Do you have a vehicle registered in your name?                          | Yes, No         |
| State: Date Issued: Renewed Transferred from another state New Purchase Purchase Date: |
| If you relocated to South Carolina, what was your previous state of residence? |                 |
| What is your employment status?                                          | Full-time, Part-time, Unemployed, Retired, Disabled |
| Employer Name:                                                          |                 |
| Telephone: ( ________ )                                                  |                 |
| 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 military 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.

I understand the FERPA Act of 1974 is a federal law that protects the privacy of and grants certain rights to my educational records. This law allows HGTC to share directory information, such as name, dates of attendance, and awards. Information is also used to publish honor list, commencement programs, and other student recognition programs.

Signature ___________________________ Date ________________________

Statement of Equal Opportunity

Horry-Georgetown Technical College prohibits discrimination and harassment, including sexual harassment and abuse, on the basis of race, color, sex, national or ethnic origin, age, religion, disability, marital or family status, veteran status, political ideas, sexual orientation, gender identity, or pregnancy, childbirth, or related medical conditions, including, but not limited to, location in educational programs and/or activities.

Inquiries regarding the non-discrimination policies: Students and prospective student inquiries concerning Section 504, Title II, and Title IX and their application to the College or any student decision may be directed to the Vice President for Student Affairs, Dr. Melissa Batten, VP Student Affairs, Title IX Coordinator, Building 1100, Room 107A, Conway Campus, PO Box 261966, Conway, SC 29528-6066, 843-349-5212, Melissa.Batten@hgtc.edu. Employee and applicant inquiries concerning Section 504, Title II, and Title IX and their application to the College may be directed to the Vice President for Human Resources, Jacquelyne Snyder, VP Human Resources, Section 504, Title II, and Title IX Coordinator, Building 200, Room 212A, Conway Campus, PO Box 261966, Conway, SC 29528-6066, 843-349-5212, Jacquelyne.Snyder@hgtc.edu.

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

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.

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.

| Name of Student: ____________________________ | Date of Birth: ____________________________ |
| Are you licensed to drive? ☐ Yes ☐ No | If no, do you have a State Issued Identification Card? ☐ Yes ☐ No |
| If yes, Driver's License or ID Number: ________________ | State: ________________ Date Issued: ________________ Expiration Date: ________________ |
| ☐ New (first issued) ☐ Renewed ☐ Transfer from another state |
| With whom do you reside? ☐ Self ☐ Both Parents ☐ Mother ☐ Spouse ☐ Other |
| Who claims you for federal income tax purposes? ☐ Self ☐ Both Parents ☐ Mother ☐ Spouse ☐ Other |
| Parents/Guardian Marital Status: ☐ Single/never married ☐ Married ☐ Divorced/separated ☐ Widowed ☐ Remarried ☐ Not applicable |
| If parents are divorced or separated, who is the custodial parent? ☐ Father ☐ Mother ☐ Shared custody ☐ Not applicable |

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

| First Name: ____________________________ | Last Name: ____________________________ | Relationship: ____________________________ |
| Citizenship: ☐ U.S. citizen ☐ Permanent Resident ☐ Other — Specify: ____________________________ |
| Does this person reside in South Carolina? ☐ Yes ☐ No | If yes, date present stay began: ____________________________ |
| Does this person reside in Horry or Georgetown County? ☐ Yes ☐ No | If yes, date present stay began: ____________________________ |
| What is his/her address? [Street, City, State, Zip code]: ______________________________________________________________________________________________ |
| Does this person have a valid Driver's License? ☐ Yes ☐ No | If no, does this person have a State Issued Identification Card? ☐ Yes ☐ No |
| Driver's License Number: ____________________________ | State: ____________________________ Date Issued: ____________________________ Expiration Date: ____________________________ |
| ☐ New (first issued) ☐ Renewed ☐ Transfer from another state |
| Does this person have a vehicle registered in his/her name? ☐ Yes ☐ No |
| Vehicle Registration State: ________________ Date Issued: ________________ | ☐ Renewed ☐ New Purchase Date: ________________ ☐ Transfer from another state |
| If your parent/guardian relocated to South Carolina, what was the previous state of residence? ______________________________________________________________________________________________ |
| What is their employment status? ☐ Full-time ☐ Part-time ☐ Unemployed ☐ Retired ☐ Disabled |
| Employer Name: ____________________________ | Telephone: (________) ________________ |
| Employment Dates: From [mm/yy] ________________ / To [mm/yy] ________________ / |

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