

DENMARK TECHNICAL COLLEGE

ADMISSION APPLICATION

Student Status

- New: First-Time Freshmen
- Readmit: Did not attend previous semester
- Transfer: From another college or university
- Transient: Attending another college, enrolling for a course
- Dual Enrollment (High School Student: Taking college courses)

Semester to enter DTC

- Fall (Aug. - Dec.)
- Spring (Jan. - May)
- Summer (May - July)

Academic Year: _____

Date: _____

PLEASE PRINT CLEARLY (USE BLUE OR BLACK INK)

PERSONAL INFORMATION

Social Security # _____

Full Name (Last, First, Middle): _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Telephone: () _____ Cell Telephone: () _____

Email _____

Date of Birth _____ Sex: Male Female Do you require on-campus housing? Yes No

Birth Place _____ (select "Unknown" unless International Student) Do you require Financial Aid? Yes No

**This information is voluntary and will not be used in the admission process in a discriminatory manner.*

Citizenship:

- U.S. Citizen
- S.C. Resident of _____
County

***Ethnicity: What is your ethnicity?**

- Hispanic or Latino
- Not Hispanic or Latino

How did you hear about DTC?

- Television College Recruiter
- Radio Internet
- Newspaper Other: _____

Non-Hispanics only:

- Veteran
- American Indian or Alaska Native
- Asian Black or African American White
- Native Hawaiian or Other Pacific Islander

GENERAL INFORMATION

Name of High School Last Attended: _____

Location of High School: City: _____ State: _____

Are you a High School Graduate? Yes No If yes, graduation date: _____ (Month/Year)

Did/will you earn a : High School Diploma High School Certificate GED

State GED was taken _____ Month/Year received _____

Have you taken the COMPASS/ASSET Placement Test? Yes No If yes, please have scores sent to the Admissions Office.

Have you ever been convicted of a felony? Yes No If yes, please attach explanation

Previous College or University	Address	Dates Attended	Graduated	Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Degree Awarded				

DEGREE, DIPLOMA, & CERTIFICATE PROGRAMS OF STUDY*

Please check the program of your choice

COLLEGE TRANSFER PROGRAMS, DIVISION OF ARTS	DIVISION OF BUSINESS, COMPUTER & RELATED TECHNOLOGIES	DIVISION OF PUBLIC SERVICE	DIVISION OF INDUSTRIAL & RELATED TECHNOLOGIES
ASSOCIATE DEGREES <input type="checkbox"/> Associate in Arts <input type="checkbox"/> Associate in Science <input type="checkbox"/> Associate in Applied Science in General Technology CERTIFICATES <input type="checkbox"/> General Studies <input type="checkbox"/> Pre-Medical	ASSOCIATE IN APPLIED SCIENCE <input type="checkbox"/> Computer Technology <input type="checkbox"/> General Business <input type="checkbox"/> Administrative Office Technology CERTIFICATE IN APPLIED SCIENCE <input type="checkbox"/> Accounting <input type="checkbox"/> Multimedia-Web/Graphics Design <input type="checkbox"/> Entrepreneurship/Small Business <input type="checkbox"/> Cybersecurity <input type="checkbox"/> Word Processing DIPLOMA IN APPLIED SCIENCE <input type="checkbox"/> Barbering <input type="checkbox"/> Cosmetology <input type="checkbox"/> Administrative Support	ASSOCIATE IN APPLIED SCIENCE <input type="checkbox"/> Early Care & Education <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Human Services CERTIFICATE IN APPLIED SCIENCE <input type="checkbox"/> Early Childhood Development <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Gerontology	ASSOCIATE IN APPLIED SCIENCE <input type="checkbox"/> Electromechanical Engineering CERTIFICATE IN APPLIED SCIENCE <input type="checkbox"/> Building Construction Fundamentals <input type="checkbox"/> Computer Servicing & Repair <input type="checkbox"/> Plumbing <input type="checkbox"/> Welding *Subject to Change
		DIVISION OF NURSING DIPLOMA IN APPLIED SCIENCE <input type="checkbox"/> License Practical Nurse CERTIFICATE IN APPLIED SCIENCE <input type="checkbox"/> Nurse Aide Assistant	

EMERGENCY CONTACT INFORMATION

Full Name: _____

Relationship to you (check one) Parent Spouse Guardian Other Please specify other: _____

Telephone # Home () _____ Work () _____

Cell () _____ Alternate () _____

Full Name: _____

Relationship to you (check one) Parent Spouse Guardian Other Please specify other: _____

Telephone # Home () _____ Work () _____

Cell () _____ Alternate () _____

I certify that all information provided is accurate and complete to the best of my knowledge.

Applicant's Signature _____ Date _____



Denmark Technical College Residency Information Form

Denmark Technical College is required under South Carolina Law 59-112 to determine residence classification of applicants and students for purposes of receiving in-state tuition and fees. Substantiating documentation is required to affirm residence status. Additional information may be requested if further clarification is needed.

Part A. Student Background

Social Security # _____ / _____ / _____

Permanent address _____
 City _____ State _____ Zip _____ Telephone number() _____
 Length of time at this address Years _____ Months _____

List all addresses where you have lived for more than 30 days during the past 48 months. Begin with the most current address.

Address	City/State	Date

Part B. Residency Issues

1. Do you claim South Carolina as your residence for tuition purposes? Yes No
2. Upon whom are you basing your claim for residency? Self Parent Legal Guardian Spouse
3. If claim for residency is based on you, answer the following:
 - a. How long have you resided in South Carolina? Years _____ Months _____ State of previous residency _____
 - b. If you moved to South Carolina within the past five years, what prompted your move to this state?
 Education Employment other _____
 - c. Were you claimed as a tax dependent for the prior tax year before your admissions? Yes No
 - d. Previous state or country of residence: _____
 - e. Your driver's license number _____ State _____ Date issued _____
 This is a (check one) new license renewed license Expiration date _____
 - f. Have you been employed in South Carolina within the past 12 months? Yes No (If yes, list employer's information)

Employer	City/State	Date	Full or part-time	Telephone Number
4. If your claim for residence status is based upon your parent, legal guardian or spouse, complete the following information.
 - a. Name of person upon whom residency is based _____
 - b. Relationship to you: parent legal guardian spouse If spouse, date of marriage _____
 - c. How long has this person resided in South Carolina? Years _____ Months _____ State of previous residency _____
 - d. If this person moved to South Carolina within the past five years, what prompted their move to this state?
 Education Employment other _____
 - e. Is this person a United States citizen? Yes No If no, country of citizenship _____
 - f. Has parent, legal guardian, or spouse claimed you as a dependent for federal tax purposes for the tax year preceding your term of enrollment? Yes No
 - g. Driver's license number of parent, guardian or spouse _____ State _____ Date issued _____
 This is a (check one) new license renewed license. Expiration date _____
 - h. Has your parent, guardian, or spouse been employed in South Carolina within the last 12 months? Yes No
 If yes, list employer's information

Employer	City/State	Date	Full or part-time	Telephone number
5. If claim for in-state tuition is based upon current military assignment in South Carolina, complete the following information.
 Documentation verifying military assignment must be submitted.
 - a. Person on active duty in service Self Spouse Parent/guardian Home State of record _____
 - b. Is the person in a reserve unit in South Carolina? Yes No

I hereby certify that the information I have provided is accurate and that I am making this application in good faith based on the belief that I am eligible to pay tuition and fees at a rate afforded to legal residents of South Carolina.

Signature _____ Date _____

Print Full Name: _____



FERPA RELEASE AUTHORIZATION FORM

Denmark Technical College
Phone: 803 -793-5176
Website: www.denmarktech.edu

WHAT IS FERPA

FERPA, the Family Educational Rights and Privacy Act of 1974, as Amended, protects the privacy of student educational records. It gives students the right to review their educational records, the right to request amendment to records they believe to be inaccurate, and the right to limit disclosure from those records. An institution's failure to comply with FERPA could result in the withdrawal of federal funds by the Department of Education.

WHAT INFORMATION IS PROTECTED UNDER FERPA?

FERPA-protected information includes, but is not limited to:

- Social Security Number
- Student ID
- Residency Status
- Gender
- Religious Preference
- Race/Ethnicity
- Grades/ GPA
- Student's Class Schedule
- Test Scores
- Academic Standing
- Academic Transcripts
- Disciplinary Actions

FERPA AUTHORIZATION

To authorize the release of FERPA-protected information, the student must complete all items below and submit this form to the Associate Vice President for Student Services, Bldg. 029.

Student's Name: _____
(Please print)

Student ID: _____

— Please list specific information to be discussed:

I authorize the above information to be shared with the following individual(s):

Name(s): _____

As required by the Family Educational Rights and Privacy Act of 1974, as Amended (FERPA), by my signature I hereby authorize Denmark Technical College, to provide information that I have identified above. This authorization shall remain in force until I submit to the AVP of Student Services Office a written and signed notification rescinding my permission to release the records noted, until I graduate and am no longer a student at DTC, whichever should come first.

Student's Signature: _____ Date: _____

**Office of Financial Aid
Denmark Technical College
P.O. Box 327
Denmark, SC 29042-0327**

**HIGH SCHOOL
LOTTERY TUITION ASSISTANCE WAIVER**

Academic Year: **2020– 2021** Fall Semester Spring Semester Summer Term

Last Name First Name Middle Initial Social Security Number
(student number)

Street City State/ Zip

_____|_____|_____|_____|_____|_____|
Phone (Work) Phone (Home)

I request a waiver to the Lottery Tuition Assistance eligibility requirement relating to the submission of the Free Application for Federal Student Aid (FAFSA) for the following reason (check all that apply):

- I am a high school student enrolled in a dual enrollment program. _____
- I am not enrolled in a program that is eligible for Title IV federal aid. _____

By not submitting the FAFSA, I acknowledge that:

- I will not be eligible to receive other Title IV aid, which includes the Pell Grant, Federal Supplemental Educational Opportunity Grant, Perkins Loan, Stafford Loans, federal work study and the SC Need-based Grant. Also, I will not be able to participate in other loan programs offered by the South Carolina Student Loan Corporation or other state assistance programs that require the submission of the FAFSA. Further, I understand that neither the state of South Carolina nor the institution can be held liable for any amount of federal or state funds that I forgo by signing this waiver.
- I do not owe a refund or repayment of a state grant, Pell Grant, or Supplemental Education Opportunity Grant, and I am not in default on a loan under the Federal Perkins Loan, Federal Stafford Loan, William D. Ford Federal Loan, or any state loans. I understand that the institution will verify this.
- Male Students Only: If I am 18 years of age, I have registered with the Selective Service or I have been exempted from this requirement according to federal law. I understand that students who fail to register with the Selective Service or fail to be exempt from that requirement are not eligible to receive Lottery Tuition Assistance.
- The provided information is correct and if any of the information is false, I understand participation in the Lottery Tuition Assistance Program will be cancelled and reimbursement of Lottery Tuition Assistance funds will be required. Further, I understand that if I have attempted to obtain, or have obtained Lottery Tuition Assistance through means of a willfully false statement or failure to reveal any material fact, condition, or circumstance affecting eligibility, I can be subject to the college/university's code of student conduct and applicable civil or criminal penalties.
- This waiver is not valid until all requested documentation is provided to the financial aid office, and all documentation has been verified.

Student Signature Date

Financial Aid Signature Date Approved Not Approved

South Carolina State Grants/Scholarships Affidavit

As a Need-based Grant and/or Lottery or Life Scholarship recipient, I certify that I have not been convicted of any felonies. Further, I certify that I have not been convicted of an alcohol or drug related misdemeanor offense during the preceding calendar year defined as 12 months from the date of the start of school for the period of this award. If I am adjudicated delinquent or am convicted or pled guilty or nolo contendere to any felonies or any alcohol or drug related misdemeanor offense under the laws of this or any other state, I agree to notify the Financial Aid Office by the start of school. I hereby give permission for a background check to be conducted to verify the above. I understand additional information may be requested after the background check has been conducted.

Any false information provided by the student or an attempt to expand any scholarship funds for unlawful purposes or any purpose other than in payment or reimbursement for the cost of attendance at the institution authorized to award the scholarship and/or grant will be cause of immediate cancellation. Any student who has obtained a scholarship through means of a willfully false statement or failure to reveal any material fact, condition, or circumstances affecting eligibility will be subject to applicable civil or criminal penalties, including retroactive loss of the scholarship and/or grant.

LIFE or Lottery Scholarship Recipients who do not complete a Free Application for Federal Student Aid:

I also affirm that I am presently not in default on any Federal or State student loans nor do I owe any refunds to any Federal or State financial aid programs.

Need-based Grant Recipients Only:

As a Need-based Grant recipient, I certify that I have not received the Grant for more than (8) full-time equivalent terms.

Please check below applicable grant/scholarship:

Lottery **LIFE** **Need-based**

Printed Name

Social Security Number

Signature

Date

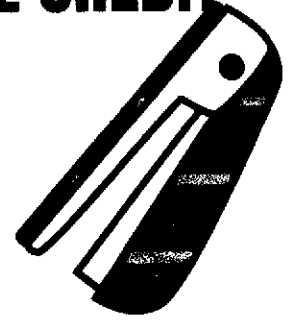
THIS FORM MUST BE RETURNED BEFORE ANY GRANT/SCHOLARSHIP CAN
BE DISBURSED.

DENMARK TECHNICAL COLLEGE DUAL CREDIT



10 WEEK COURSES:

Online Courses Offered



ART 101: Art History and Appreciation

COL 103: College Skills

CPT 101: Introduction to Computers

ENG 101: English Composition I

ENG 102: English Composition II

HIS 101: Western Civilization

HIS 201: American History

MAT 110: College Algebra

MAT 111: College Trigonometry

PSY 201: General Psychology

PSY 203: Human Growth & Develop

SPA 101: Elementary Spanish I

SPC 205: Public Speaking

SOC 101: Introduction to Sociology

THE: Introduction to Theatre

10 WEEK CLASSES START

| OCTOBER 5TH 2020

DEADLINE TO REGISTER

OCTOBER 6TH 2020

ALL CLASSES END:

NOVEMBER 19TH 2020

"Forging Onward"

