



**Waycross College**  
**www.waycross.edu**

**Admissions Office: (912) 449-7600 --- 2001 South Georgia Parkway --- Waycross, Georgia 31503**

**APPLICATION FOR ADMISSION**  
**(Please type or print clearly)**

**NOTE: This application must be submitted along with a \$20.00 non-refundable fee**

Semester you plan to enroll:

Fall Semester 20\_\_\_\_  Spring Semester 20\_\_\_\_  Summer Session 20\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Last First Middle Former

Address: \_\_\_\_\_  
Street City State Zip

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Social Security Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This information is optional and is used to provide information required by the U.S. Department of Education in accordance with applicable Federal regulations. Your cooperation in providing this information is appreciated. Gender:  Male  Female  
Ethnic Identification: Are you Hispanic?  Yes  No Check All That Apply:  White  African-American  
 Asian  American Indian/Alaska Native  Native Hawaiian or Other Pacific Islander

Where did you hear about Waycross College?  Online  TV  Radio  Newspaper  Other – Please Specify:

**Residency:**

In general, in-state residence for tuition purposes requires domicile and legal residency in Georgia for the 12 consecutive months prior to enrollment. A complete description of these regulations may be found in the current WC catalog.

Do you consider yourself to be a permanent resident of Georgia for tuition purposes?  Yes  No

If a Georgia resident, in which Georgia County do you reside? \_\_\_\_\_

How long have you lived continuously in Georgia? Years/months \_\_\_\_\_

Did you file a Georgia Income Tax Return as a Georgia resident in the most current year  Yes  No

If not a Georgia resident, what state? \_\_\_\_\_

Were you claimed as a tax exemption by parents/guardians in the past year?  Yes  No

If yes, name of claiming parent/guardian \_\_\_\_\_

**Citizenship Status:**

U.S. Citizen by birth  Alien, Non-immigrant - List current VISA type: \_\_\_\_\_

U.S. Citizen by naturalization  Alien, Permanent Resident (Present Alien Registration Card to Admission's Office)

**International Students:**

Country of citizenship \_\_\_\_\_ Country of birth \_\_\_\_\_

**Check the category below, which most accurately describes your application:**

Regular Admission (high school graduate or will graduate before enrolling at WC, never attended college)

GED Admission (have passed the GED, never attended college) Date GED taken \_\_\_\_\_

Joint/Dual Enrollment, including ACCEL option (high school not completed, plan to attend high school and WC)

Transfer Admission (previously attended another college, plan to finish at WC)

Transient (full-time student at another college, attending WC for only one term)

Non-Degree Seeking (limited to 12 hours of earned credit)

Auditor (no credit awarded)

Have you ever been convicted of a felony? ( ) Yes ( ) No If yes, attach a statement

High School attended \_\_\_\_\_ Date graduated (or would have for GED) \_\_\_\_\_

Placement Exams

I have taken the following examinations: ( ) SAT ( ) ACT ( ) TOEFL ( ) CPE ( ) COMPASS

Colleges Attended: (Include all Colleges or Technical Schools attended - Use additional paper if needed)

School	Location	Dates	Degree	Eligible to Return

I plan to pursue the following program: Check **ONE** of the following.

( ) **Undeclared**

**CERTIFICATE PROGRAMS:**

( ) Accounting ( ) Certificate In Teaching ( ) General Business

**ASSOCIATE OF ARTS DEGREE WITH TRANSFER PROGRAMS IN:**

( ) Business Administration ( ) Criminal Justice ( ) English  
( ) General/Interdisciplinary Studies ( ) History ( ) Political Science  
( ) Psychology ( ) Sociology

**ASSOCIATE OF SCIENCE DEGREE WITH TRANSFER PROGRAMS IN:**

( ) Biological Sciences ( ) Chemistry ( ) Health and Physical Education  
( ) Mathematical Subjects ( ) Physics  
( ) Teacher Education (**Also** check one of the following programs)  
( ) Early Childhood ( ) Middle Grades ( ) Special Education  
( ) Secondary Education, Non Science and/or Math ( ) Speech-Language Pathology  
( ) Secondary Education, Science and/or Math ( ) Physical Education

**NURSING PROGRAMS:**

( ) Associate of Science in Nursing  
( ) Pre-Nursing (first 60 hours towards a Bachelor of Science in Nursing)

**NOTE:** Official transcripts from all schools attended (high school, technical schools, & colleges) and official tests scores (GED, SAT, ACT, TOEFL, etc) must be sent to the Waycross College Admission's office. Proof of two doses of the MMR immunization is also required. Additional placement testing may be required as a part of your admission process.

(Check One)

I do ( ) do not ( ) give my permission to have any photos taken of me while participating in Waycross College activities published in Waycross College related publications and/or advertisements.

I certify that all statements made in this application are complete and true. I understand that every student enrolling at Waycross College agrees to abide by all the policies and regulations of the College, which may be found in the Catalog or in the Student Handbook.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Guardian (required if applicant is under 18 and single)