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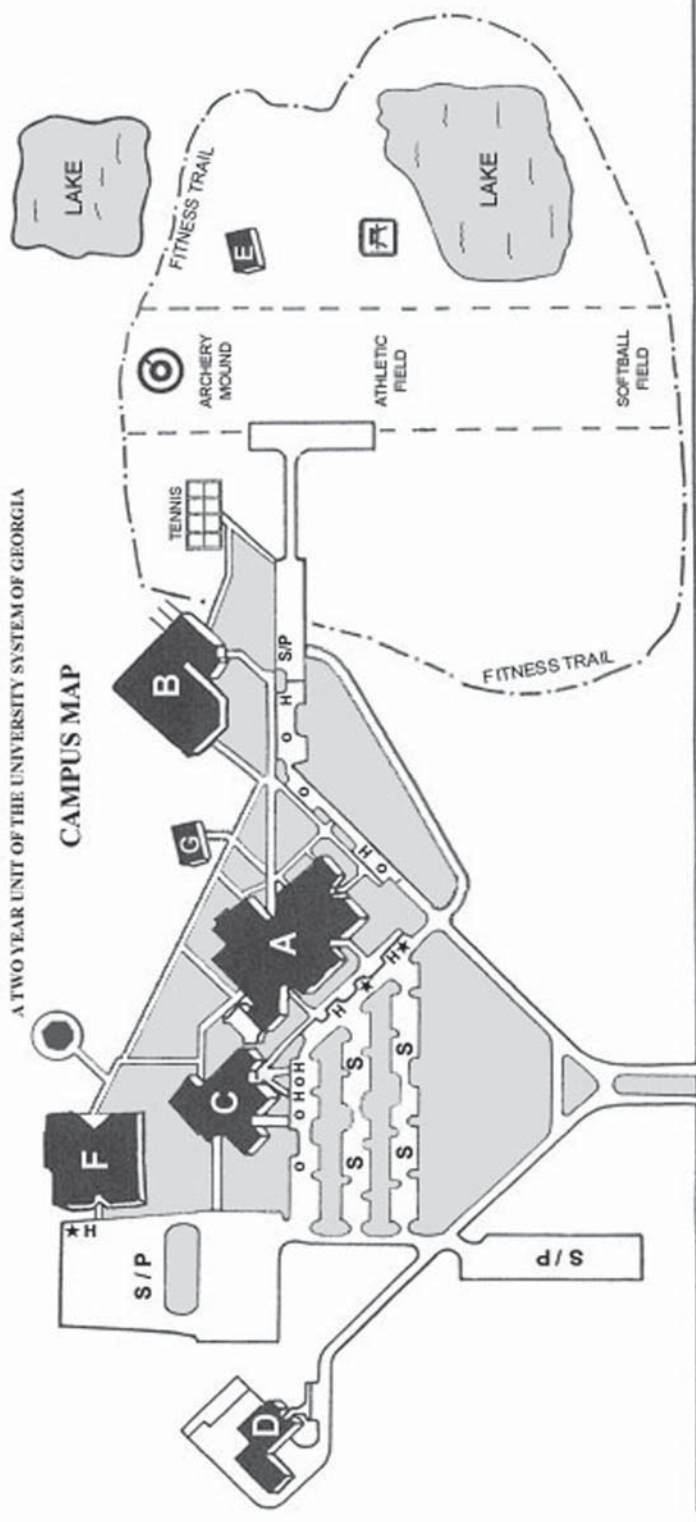
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WAYCROSS COLLEGE

ATWOYEAR UNIT OF THE UNIVERSITY SYSTEM OF GEORGIA

CAMPUS MAP



- A. ADMINISTRATION BUILDING
- B. PHYSICAL EDUCATION BUILDING
- C. EDUCATIONAL BUILDING
- D. PHYSICAL PLANT
- E. RECREATION
- F. JAMES M. DYE STUDENT SERVICES BUILDING
- G. THE LAIR

- S STUDENT PARKING
- P CONFERENCE PARKING
- o FACULTY / STAFF PARKING
- H HANDICAP PARKING
- * VISITOR PARKING

SOUTH GEORGIA PARKWAY (U.S. 82)



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: African-American American Indian Asian/Pacific Isl.
 Hispanic Multi-racial White

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) _____

I have taken the following examinations: SAT ACT TOEFL Placement Exams
 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 History
- General/Interdisciplinary Studies 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 test 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)