



ALBANY  
Technical College

## APPLICATION FOR ADMISSION – INTERNATIONAL STUDENT

(Please Print or Type Clearly)

Date: \_\_\_\_\_

Name \_\_\_\_\_  
*First Middle Last Suffix*

**Home Country Address:**

Street/Mail Address: \_\_\_\_\_ Apartment Number \_\_\_\_\_

City: \_\_\_\_\_ State/Region: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone # (day) \_\_\_\_\_ Telephone # (night/cell/business) \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Day Year*

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

This information is for statistical purposes only and will not be used as a basis for admission:

Are you Hispanic or Latino:  Yes  No

Please select one or more:  American Indian (1)  Asian (2)  Black or African American (3)  Native Hawaiian/Pacific Islander (4)  White (5)

Are you active in the Armed Forces?  YES  NO If so, what branch? \_\_\_\_\_

Are you the dependent/spouse of an active member of the armed forces?  YES  NO If so, what branch? \_\_\_\_\_

Are you a veteran in the Armed Forces?  YES  NO If so, what branch? \_\_\_\_\_

Are you the dependent/spouse of a veteran of the armed forces?  YES  NO If so, what branch? \_\_\_\_\_

Are you a Reservist?  YES  NO If so, what branch? \_\_\_\_\_

Are you the dependent/spouse of a Reservist?  YES  NO If so, what branch? \_\_\_\_\_

Did either your mother or father graduate from college?  YES  NO

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Is English your first language? \_\_\_\_\_yes \_\_\_\_\_no If no, what is your first language? \_\_\_\_\_

Have you taken the TOEFL? \_\_\_\_\_yes \_\_\_\_\_no Score \_\_\_\_\_ Please include the official score report with your application.

When do you plan to enroll? Year \_\_\_\_\_ Check one: \_\_\_\_\_Fall \_\_\_\_\_Spring \_\_\_\_\_Summer

Program of Study you wish to pursue – A.A.S.: \_\_\_\_\_

Circle number of years of Education completed: 9 10 11 12 13 14 15 16 17 18 19 20 Other: \_\_\_\_\_

Name of High School attended: \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

List all post-secondary institutions (i.e.: **Colleges and/or Universities**) Attended.

College/University Name	Dates Attended	Degree Earned	City & Country
_____	_____ to _____	Yes No	_____
_____	_____ to _____	Yes No	_____

I certify that all information provided is true and correct. I understand that misrepresentation or omission of information will be sufficient cause for rejection or dismissal. Unless a Statement of Non-disclosure is filed in the Registrar's Office, I give permission for the release of application information concerning name, program of study, full-/part-time status, dates of attendance, degree(s)/diplomas(s)/certificate(s) awarded, and participation in student activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

As set forth in its student catalog, Albany Technical College (ATC) does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, veteran status, or citizenship (except in those special circumstances permitted or mandated by law). If you have a disability and would like to receive this application in an alternative format, please contact ATC's Special Need's Coordinator at (229) 430-2854.