

EFFECTIVE JULY 1, 2004
A \$50 NON-REFUNDABLE APPLICATION
FEE IS REQUIRED FOR ALL APPLICANTS



Office of Enrollment Services
650 College Drive
Dalton, GA 30720
(706) 272-4436 or (800) 829-4436
www.daltonstate.edu/regist.htm

INTERNATIONAL STUDENT APPLICATION

This application should only be used if the applicant is seeking an I-20 for the purpose of obtaining a Student Visa. The applicant should complete this application and return it to the Office of Enrollment Services.

PLEASE PRINT

Name _____
Last First Middle Social Security Number

Maiden/Previous Name(s) _____

Mailing Address (in U.S.) _____

County _____ City _____ State _____ Zip _____
Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

Mailing Address (outside U.S.) _____

Birth Date ____/____/____ Sex: Male _____ Female _____ (Optional)*Race _____

Country of Birth _____ Country of Citizenship _____

Have you been convicted for anything other than a traffic violation? _____ Yes _____ No (If yes, please explain in writing.)

Is your native language English? _____ Yes _____ No

The First Term You Plan To Enter: Fall Spring Summer — Year _____

Status you plan to enter under:

_____ **Beginning Freshman** (never attended College)

_____ **Transfer** (have attended college)

Major you plan to work towards: (must be listed in the Dalton State College Catalog) _____

Degree Objective:

- _____ **Bachelor of Science** (Baccalaureate Program)
- _____ **Bachelor of Applied Science** (Baccalaureate Program)
- _____ **Associate of Arts** (Transfer Degree Program)
- _____ **Associate of Science** (Transfer Degree Program)
- _____ **Associate of Science in Nursing** (Two-year Registered Nursing)
- _____ **Associate of Applied Science** (Two-year Career Program)

Sponsor Information:

Name: _____

Address: _____

Phone Number: _____

Your signature at the bottom of this application grants permission for your sponsor to work with Dalton State College on your behalf.

Name of high school attended _____ City _____ State _____ Graduation Year _____

Do you have a GED? _____ Yes _____ No Have you taken the SAT? _____ ACT? _____ TOEFL? _____

List ALL Colleges, universities, and post-secondary schools attended and the dates you were there. (All post-secondary schools attended must be listed. Transcripts must be mailed directly from the institution to Dalton State College to be considered official.)

Signature of Applicant _____ Date _____