

**Non-Refundable Application Fee: \$50.00**



Enrollment Services  
650 College Drive  
Dalton, GA 30720  
706.272.4436 • 800.829.4436  
[www.daltonstate.edu](http://www.daltonstate.edu)

Paid # \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

### INTERNATIONAL STUDENT APPLICATION

**This application is for applicants seeking an I-20 form for the purpose of obtaining a Student Visa.**  
Complete this application and return it to the Office of Enrollment Services with a \$50 non-refundable application fee.  
To apply online, visit: [www.daltonstate.edu/admission/apply\\_international.htm](http://www.daltonstate.edu/admission/apply_international.htm).

LAST NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SEX: MALE  FEMALE   
(IF YOU HAVE ONE)

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ MAIDEN/PREVIOUS NAME(S) \_\_\_\_\_

U.S. MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ RACE (OPTIONAL) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

COUNTRY OF CITIZENSHIP \_\_\_\_\_ WHAT IS YOUR NATIVE LANGUAGE \_\_\_\_\_

COUNTRY OF BIRTH \_\_\_\_\_ CITY/STATE OF BIRTH \_\_\_\_\_

HOME COUNTRY ADDRESS \_\_\_\_\_

**HAVE YOU BEEN CONVICTED OF ANYTHING OTHER THAN A TRAFFIC VIOLATION?**  NO  YES (If yes, you must complete and submit a Dalton State College Appeals Form and Applicant Background Check Release/Authorization Form to the Office of Enrollment Services.)

**SEMESTER AND YEAR YOU PLAN TO ENTER (CHECK ONE):**

**ENTERING STATUS (CHECK ONE):**

FALL  SPRING  SUMMER 20\_\_\_\_\_

Beginning Freshman  Transfer  RETP

**PROGRAM OF STUDY/MAJOR** (as listed in the Dalton State College Catalog) \_\_\_\_\_

**DEGREE OBJECTIVE (CHECK ONE):**  Bachelor of Science  Bachelor of Applied Science  Bachelor of Business Administration  Bachelor of Social Work

Associate of Arts  Associate of Science  Associate of Applied Science  Associate of Science in Nursing

**ALL PREVIOUS EDUCATIONAL EXPERIENCE MUST BE LISTED BELOW.**

<u>School Complete Name</u>	<u>Location City, State, Country</u>	<u>Years of Attendance (Year – Year)</u>	<u>Did you graduate?</u>
Last High School _____	_____	(____ - ____)	_____
Last College _____	_____	(____ - ____)	_____
Other College _____	_____	(____ - ____)	_____
Other College _____	_____	(____ - ____)	_____

**Have you earned a GED?**  NO  YES If yes, where? \_\_\_\_\_

**Transfer Students:**

**Have you successfully completed English Composition with a “C” or better?** \_\_\_\_\_ If yes, where? \_\_\_\_\_

**Have you successfully completed College Algebra?** \_\_\_\_\_ If yes, where? \_\_\_\_\_

**Are you currently enrolled in the “Last College” listed above?** \_\_\_\_\_ If yes, what will be your last term? \_\_\_\_\_

FAILURE TO LIST HIGH SCHOOL AND ALL COLLEGES AND TECHNICAL SCHOOLS PREVIOUSLY ATTENDED, THROUGH OMISSION OR MISREPRESENTATION, WILL DISQUALIFY APPLICANT. OFFICIAL TRANSCRIPTS MUST BE MAILED DIRECTLY TO ENROLLMENT SERVICES FROM EACH INSTITUTION ATTENDED. ATTACH A SEPARATE SHEET, IF NECESSARY, TO LIST OTHER COLLEGES.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

Admission policies, activities, services, and facilities of the College do not exclude any person on the basis of race, color, age, sex, religion, national origin or disability. Dalton State College is an Affirmative Action Program institution. Any individual who requires assistance for admission to or participation in any program, service, or activity of Dalton State College under Title II of the Americans with Disabilities Act should contact the designated Title IX and Section 504 Coordinator, Dr. John Hutcheson, Vice President for Academic Affairs, Memorial Hall, Room 122, 706.272.4421.