COMPETITIVE APPLICATION

for ALLIED HEALTH Programs

Check the program and quarter for which you are competing:

☐ **Practical Nursing**	☐ **Medical Assisting**	☐ **Radiology Degree**	☐ **Radiology Diploma**	☐ **Respiratory-**	☐**Surgical Tech**	☐ **Pharmacy-**	☐ **Paramedic**
☐ Fall 2010 ☐ Winter 2011-- (Eastman Campus) ☐ Spring 2011	☐ Fall 2010 ☐ Spring 2011 May become Competitive if the number of students applying exceeds available classroom space!	☐ Fall 2010	☐ Fall 2010 – FINAL DIPLOMA CLASS	☐ Winter 2011	☐ Fall 2010	☐ Fall 2010 May become Competitive if the number of students applying exceeds available classroom space!	☐ Summer 2010 ☐ Fall 2011

Full Legal Name _____
(Last) First) (Middle)

Name used when a student (if different) _____

Soc. Sec. No. _____-_____-_____ Date of Birth _____/_____/_____

Mailing Address_____
(Street or Box) (City) (State) (Zip)

Email Address_____

County _____ Day Phone (_____) _____ Evening Phone (_____) _____

Are you a legal resident of Georgia? _____ Yes _____ No How long have you lived in Georgia?_____

Circle highest level of education completed: GED 12 13 14 15 Bachelor's

YOUR STUDENT STATUS

Please check whichever description applies to you:

_____ **1.** **First time applicant**. (If you are a first time applicant to HGTC, you must submit an application for admission to HGTC and pay a $15.00 fee.) **All final transcripts showing completion of designated courses within the last 3 years must be received by the posted deadline.**

_____ 2. **Current** student at HGTC; I will complete all designated courses by the end of the current quarter.

_____ 3. **Former** HGTC student re-applying for admission who has completed all designated courses

WORK EXPERIENCE FORMS

Have you submitted work experience credit documentation? NOTE: You must RESUBMIT your work experience credit documentation EVERY TIME you compete!

1. _____ Yes
2. _____ No, but plan to do so by **the posted deadline.**
3. _____ I have no related work experience.

I understand that the HGTC admissions office will notify me by mail whether or not I am admitted to the program prior to the beginning of the quarter. All final transcripts with grades showing completion of designated courses must be received by **the posted deadline.**

_____ _____
Student's Signature Date

SUBMISSION DEADLINES FOR ALL DOCUMENTS:

Competing for a Summer 2010 Class? - *June 14, 2010*
Competing for a Fall 2010 Nursing or Surg Tech class? - *June 24, 2010*
Competing for another Fall 2010 class? - *September 2, 2010*
Competing for a Winter 2011 class? - *December 2, 2010*
Competing for a Spring 2011 class? - *March 3, 2011*

*The Competitive Admissions Policy to Allied Health programs is available online and in the admissions office.

DUBLIN CAMPUS -- 560 Pinehill Road, Dublin, GA 31021 -- Phone 478-275-6589, or 800-200-4484 -- Fax 478-296-6113
LOIC – 140 N. Third Avenue, Helena, GA 31037 -- 229-868-7834 -- Fax 229-868-3085

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