



# International Student Application for Admission

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *(The SSN is required data to be used as student identification only.)*

Semester for which you are applying:  Fall  Spring  Summer I  Summer II Year: \_\_\_\_\_

Have you attended Pulaski Technical College previously?  Yes  No If yes, when: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Semester/ Year)

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_ Middle Name: \_\_\_\_\_

Previous/Maiden Name: \_\_\_\_\_ Other Names Used on Academic Records (if any): \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County (in Arkansas): \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Male  Female  
*(A current e-mail address is requested and is required to enroll in online courses)* *(Month/Day/Year)*

Legal Arkansas Resident:  Yes  No If less than one year, provide length of residence: \_\_\_\_\_  
*(If less than six months, documentation should be submitted to the Dean of Enrollment Services for approval of in-state tuition.)*

Are you a member of the Arkansas National Guard:  Yes  No

Selective Service Information Required (check one):  I am registered with the Selective Service  I am a current member of the armed forces on active duty  
 I am female  I am under 18 years of age  I am 26 years of age or older  I am a resident alien

Ethnic Origin (select one of the following):  Black/African American  American Indian/Alaska Native  Asian/Pacific Islander  Hispanic/Latino  White  
*(Information regarding gender and ethnic origin is requested for statistical and reporting purposes only.)*

**Required Information:** *(Note: Non-resident alien applicants should contact the Dean of Enrollment Services for admission requirements and deadline for applying. An I-20 will not be issued until all documentation is submitted.)*

Citizenship:  U.S. Citizen  Permanent Resident Alien *(immigrant) (card required)*  Non-Permanent Resident

If non-permanent resident, list visa type: \_\_\_\_\_

Country of Birth (Required of all students): \_\_\_\_\_

High School Attended: \_\_\_\_\_ High School Graduation Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*(If currently attending, please list anticipated graduation date)* *(Month/Day/Year)*

If you are not a high school graduate, did you complete:  Home School  GED Date Completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Which State: \_\_\_\_\_  
 Did Not Complete *(Month/Day/Year)*

**Students who have not completed high school or GED should consult with a counselor to determine eligibility for admission.**  
***(Application Continued on Back)***

List in chronological order all colleges or universities you have attended. **All college and university official transcripts must be sent to Pulaski Technical College prior to registration or a delay in registration will occur.**

Name of Institution and State Located	Year(s) Attended	Credit Hours Earned	Degree or Certificate Awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Transfer students are not eligible for admission while suspended from another institution.**

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What is your program of study: \_\_\_\_\_

- Degree seeking — You are enrolling in courses to complete a degree (Associate or Certificate) at Pulaski Technical College.
  - Non-Degree Seeking — You are only enrolling in courses for personal enrichment, improvement of job skills, or enrolling in a few courses but not completing a degree at Pulaski Technical College. **(Note: Non-degree seeking students are not eligible to receive financial aid at PTC.)**
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In case of emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**I hereby make application for admission to Pulaski Technical College (PTC) and agree to abide by the regulations of the College while I am a student. I furthermore declare that the information on this application is complete and accurate. I understand that misrepresentation or omission of information will be cause for dismissal and loss of credit. Should any information on this application change prior to my entry to PTC, I will notify the Office of Admissions and Records. I also authorize PTC and other Arkansas institutions to exchange information from my academic records for purposes of educational research and for transfer.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year)

**Submit application for admission to: Attention: Beth Trafford  
Pulaski Technical College  
Office of Admissions and Records  
3000 West Scenic Drive  
North Little Rock, AR 72118**

