



BlueRidge

COMMUNITY AND
TECHNICAL COLLEGE



Admissions Application Instructions

Applying as a First-Time Freshman

1. Complete the Application for Admission
2. Attach the \$25 nonrefundable application fee to the application.
3. Contact your high school or GED and have the school send an official transcript to the Admissions Office.
4. Send ACT or SAT scores, students that have completed high school and never taken ACT/SAT will be given a placement test. (Our placement coordinator will contact you. Scores are REQUIRED for registration).

Applying as a Transfer Student

1. Complete items above and then complete the items below.
2. Contact all previously attended schools and request all schools to send an official transcript to the Admissions Office (if a student has earned less than 15 hours of college coursework or has been out of high school less than 5 years, he or she is also required to submit a high school transcript).

Applying for Readmission

(student has not attended any other institution since attending Blue Ridge CTC previously)

1. Complete the Application for Admission
2. Attach the \$25 nonrefundable application fee to the application.

Blue Ridge Community and Technical College does not discriminate on the basis of religion; age; race; color; national origin; gender; sexual orientation, marital or parental status, veteran status, or disability.



Blue Ridge Community and Technical College is open to anyone with a high school diploma or GED. A student may apply for admission to an associate's degree program or to individual courses not directed toward completion of a degree. Admission to Blue Ridge Community and Technical College does not assure a student of acceptance into a specific degree program. Students may be admitted without ACT or SAT scores but must have placement scores prior to registration in Math, English, or Reading courses. For more information about placement test and scores, please see the Academic Foundations Program section of the catalog.

The application process requires the student to complete an application for admission, pay the required application fee, provide high school or GED transcripts, and provide transcripts for other colleges attended. The student must also provide ACT scores, SAT scores, or take the necessary placement exams. Students who are deficient in specific academic areas may be enrolled in the Academic Foundations Program.

Students may enroll for some courses as special non-degree students. Those who subsequently elect to apply credits earned while a special non-degree student must meet the regular admission requirements. Special non-degree students must use the one page application provided by enrollment management.

A separate application (FAFSA) must be completed to apply for Financial Aid.

All Forms must be sent to the address below:

Blue Ridge CTC
c/o Admissions
400 West Stephen Street
Martinsburg, WV 25401
www.blueridgectc.edu
304-260-4380



Application for Admission

Student ID C

Personal Information

Social Security Number _____ Date of Birth _____ Gender: Male Female

Last Name _____ First _____ Middle Name _____

Permanent Address (Street or PO Box) _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____ E-Mail _____

***Acceptance letters will be sent via email.**

If you have lived at your present address less than one year, please provide your previous address.

Previous Address (Street or PO Box) _____

City _____ State _____ Zip _____

Have you ever been enrolled in school under any other name(s)? Yes No

If yes, please give name(s) _____
(example: maiden/married/naturalization)

Are you the first person in your family to attend a college or university? Yes No

Please contact Student Affairs at ext. 2104 if you wish to discuss disability services.

Residency

West Virginia Resident (if so, how long)? _____ Out-of-State Resident

If you have not been living in WV at least 12 consecutive months, you will be considered an out-of-state resident for fee purposes. To be considered an in-state resident, you must submit a residency appeal with appropriate documentation.

Are you a citizen of the United States? Yes No Non Resident Alien

If not, what is your Visa Status? _____

Ethnicity - check all that apply

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- | | |
|---|---|
| <input type="checkbox"/> White (non-Hispanic) | <input type="checkbox"/> Asian |
| <input type="checkbox"/> African-American, non-Hispanic, or African | <input type="checkbox"/> American Indian/Alaskan |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native Hawaiian/Other Pacific islander |

This is optional and is used for statistical information only.

Emergency Contact Person

Last Name _____ First _____ Middle Name _____

Address (Street or PO Box) _____

City _____ State _____ Zip _____

Phone _____ Relationship _____

Enrollment Information

1. Semester you plan to begin:

Fall _____ (year) August–December

Spring _____ (year) January–May

Summer _____ (year) May–August

2. Check all that apply:

Freshman

Transfer

Readmit

3: Do you plan to be:

Full-Time (12 credits or more per semester)

Part-Time (less than 12 credits per semester)

Unsure

Financial Aid - Blue Ridge CTC F.A. Code 039573

Do you plan to apply for Financial Aid? Yes No — *Be sure to complete the FAFSA (www.fafsa.ed.gov)*

Please contact the Veterans Benefit Coordinator if you wish to discuss veteran benefits.

(To be considered for financial aid, you must be a degree seeking student and have a high school diploma or GED)

Intended Program of Study *(check one)*

Associate Degree Programs <input type="checkbox"/> Baking and Pastry <input type="checkbox"/> Board of Governors <input type="checkbox"/> Business <input type="checkbox"/> Computer Application Specialist <input type="checkbox"/> Computer Network Engineering <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Cyber Security	<input type="checkbox"/> Electric Distribution Engineering Technology <input type="checkbox"/> Fire Science <input type="checkbox"/> Food Service Retail Management Healthcare Professions <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Nursing <input type="checkbox"/> Physical Therapy Assisting	<input type="checkbox"/> Information Technology <input type="checkbox"/> Liberal Arts <input type="checkbox"/> Medical Assisting <input type="checkbox"/> Occupational Development <input type="checkbox"/> Paralegal Studies <input type="checkbox"/> Printing Technology ** <input type="checkbox"/> Safety Technology <input type="checkbox"/> Technical Studies
<i>** Offered in conjunction with CTC Tech – Degree Granted by CTC Tech</i>		
Certificate Programs <input type="checkbox"/> Baking and Pastry <input type="checkbox"/> Business & Technology <input type="checkbox"/> CISCO Networking Associate <input type="checkbox"/> CISCO Networking Professional <input type="checkbox"/> Converged Networking	<input type="checkbox"/> Electrical Distribution Engineering Technology <input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> Food Service Retail Management <input type="checkbox"/> Homeland Security <input type="checkbox"/> Justice System <input type="checkbox"/> Legal Office Assistant	<input type="checkbox"/> Medical Assistant <input type="checkbox"/> Organizational Leadership Development <input type="checkbox"/> Pre-Hospital Care (Paramedicine) <input type="checkbox"/> Professional Development <input type="checkbox"/> Systems Networking <input type="checkbox"/> Technology Systems

Academic Information

High School Name _____ Date of Graduation _____

City _____ State _____

Did you receive a GED? Yes No If yes, give location and date _____

Did you take ACT/SAT? Yes No If yes, give date _____

ACT Code 4523, SAT Code 4892

Do you have EDGE Credits? Yes No

Other Colleges or Universities Attended:

*(If more than one institution, please list on a separate sheet of paper. **Must include all previous institutions.**)*

School Name _____ City _____ State _____

Date Entered _____ Date Left _____ Degrees Completed _____

Have you been suspended or expelled for academic or disciplinary reasons Yes No

If yes, are you currently eligible to return to that institution? Yes No

Educational Goals *(check the most appropriate statement)*

Prepare for a new career Prepare for transition to a 4-year institution • What Institution _____

Update skills for a current job Interest and self enrichment

Recent High School Graduate Other _____

How did you hear about Blue Ridge CTC?

Newspaper (which one) _____ Sign (which location) _____

Radio (which station) _____ Referral from family and friends _____

High school visit or college fair _____ Other (please list) _____

Signature

I certify that all statements in this application are complete and true. I understand that any willful misrepresentation of information may be grounds for denial of my admission and dismissal.

Signature: _____ Date: _____