



# Office of Enrollment Services Information Update Form

For Office Use Only:

Admissions

Registrar

650 College Drive  
Dalton, GA 30721  
Phone: 706.272.4436  
Fax: 706.272.2530

**Deadline**

Applications and ALL required documents must be received by the Office of Enrollment Services by the term deadline date in order to be considered for admission or readmission.

**Fall Deadline:** July 1 **Spring Deadline:** December 1 **Summer Deadline:** April 20

NOTE: Applications and supporting documents are kept on file for ONLY **ONE** year, regardless of whether the application is pending or accepted. Applicants who do not attend classes during this **ONE** year period must restart the process.

YOU MUST PROVIDE PHOTO ID TO CHANGE RECORD INFORMATION

Name: \_\_\_\_\_ DSC ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Pending \_\_\_\_\_  Accepted \_\_\_\_\_  Currently Enrolled

Check all that apply:  Name Change  Address Change  Major Change (New Students Only)  Other

Name: \_\_\_\_\_  
PLEASE PRINT **NAME CHANGES MUST BE ACCOMPANIED BY OFFICIAL LEGAL DOCUMENTATION**

Address: \_\_\_\_\_  
Street/PO Box City State Zip

Current Phone Numbers: \_\_\_\_\_  
Home Work Cell

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone

Other Changes: \_\_\_\_\_

Are you apply for in-state tuition?  Yes  No

How long have you continuously resided in Georgia? \_\_\_\_\_  
From (Month/Year) To (Month/Year)

Have you ever been convicted of anything other than a traffic violation?  Yes  No

\*If YES, you must complete and submit a Dalton State Appeals Form and Applicant Background Check Release/Authorization Form to Enrollment Services

**For New and Readmit Students ONLY:**

Which semester do you plan to attend DSC?  Fall  Spring  Summer 20\_\_\_\_

Degree Objective:

- |  |  |
|--|--|
| <input type="checkbox"/> Bachelor                        | <input type="checkbox"/> Certificate   |
| <input type="checkbox"/> Associate of Arts               | <input type="checkbox"/> Mini-Certificate  |
| <input type="checkbox"/> Associate of Science            | <input type="checkbox"/> Transient (Permission from home institution required)                     |
| <input type="checkbox"/> Associate of Applied Science    | <input type="checkbox"/> Audit (No grades of credit received)                                      |
| <input type="checkbox"/> Associate of Science in Nursing | <input type="checkbox"/> Special (Post-Baccalaureate) (Non-degree seeking, with Bachelor's degree) |
|  | <input type="checkbox"/> Move on When Ready  |

Major (as listed in current course catalog):

**\*Change of major may result in having to satisfy additional admission requirements. Consult the Office of Enrollment Services if you have questions.**

1<sup>st</sup> Major: \_\_\_\_\_ 2<sup>nd</sup> Major: \_\_\_\_\_ Minor/Concentration: \_\_\_\_\_

List ALL technical schools, colleges, and universities attended starting with the most recent. You must request official transcripts be sent directly to Dalton State. Failure to disclose every previous institution attended will result in dismissal without refund.

Institution: _____	Dates Attended: _____	Institution: _____	Dates Attended: _____	Institution: _____	Dates Attended: _____
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**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_