

# Non-Degree Application

Admissions Office DIF 119  
Pennsylvania College of Technology  
One College Avenue  
Williamsport, PA 17701-5799

PHONE (570) 327-4761 OR  
(800) 367-9222

FAX 570.321.5551

E-MAIL [admissions@pct.edu](mailto:admissions@pct.edu)

WEB SITE [www.pct.edu](http://www.pct.edu)

---

**Pennsylvania  
College of  
Technology**

PENNSTATE

---



# Non-Degree Application

Please Print so that your responses are easy to read.

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

We are requesting your Social Security number pursuant to Public Law 93-579 for our records as well as for compliance with federal and state reporting requirements. A Social Security number is required if you are applying for financial aid, but is not required for admission. However, providing your Social Security number on the application will speed the processing of your application. Pennsylvania College of Technology is committed to ensuring your privacy and the confidentiality of student records and will not disclose your Social Security number without your consent for any purpose except as allowed by law.

## Current Legal Residence

Street address / Box number / Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

## Current Contact Information

E-mail address \_\_\_\_\_

Parent/Guardian e-mail address (optional) \_\_\_\_\_

Telephone number including area code \_\_\_\_\_

Cell phone number including area code (optional) \_\_\_\_\_

Are you a legal resident of Pennsylvania?  No  Yes, for **more** than one year  Yes, for **less** than one year

If yes, County of residence \_\_\_\_\_

Date of Birth \_\_\_\_\_  Female  Male

If your name has been changed, please provide your name as it may appear on other records. \_\_\_\_\_

## Please identify your closest relative to be contacted in case of emergency.

Check the appropriate relationship to you:  Parent  Guardian  Spouse  Other \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Street address / Box number / Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Telephone number including area code \_\_\_\_\_

Work phone number including area code (optional) \_\_\_\_\_

Cell phone number including area code (optional) \_\_\_\_\_

E-mail address (optional) \_\_\_\_\_

Federal law requires that institutions of higher education gather the following information regarding the ethnicity and race of its students and employees. Your individual information will be kept strictly confidential. The law only requires institutions to report aggregate totals for each category.

### Select the appropriate responses regarding your ethnicity (Part 1) and your race (Part 2):

Part 1: Is your ethnicity Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)?

Yes, Hispanic/Latino  No, not Hispanic/Latino

Part 2: What is your race? (select one or more)

White  Black or African American  Asian  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**High School or GED**

TYPE OF INSTITUTION	CODE (OFFICE USE ONLY)	NAME OF SCHOOL	CITY, STATE	YEAR OF GRADUATION OR GED EXAM
High School				
Vo-Tech / AVTS / Career Center				
GED				

**College or University**

NAME OF COLLEGE OR UNIVERSITY	CITY, STATE	YEAR OF GRADUATION OR LAST ATTENDANCE	DEGREE EARNED
			<input type="checkbox"/> None <input type="checkbox"/> Certificate <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate
			<input type="checkbox"/> None <input type="checkbox"/> Certificate <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate
			<input type="checkbox"/> None <input type="checkbox"/> Certificate <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate

**Significant Achievements** Please list your significant achievements to date, including participation in student organizations, activities, sports and community service, as well as any special awards you have earned.

---



---



---



---



---



---

**Select Your Start Time** Please indicate the semester and year that you plan to begin college.

- Fall Year \_\_\_\_\_ *Fall classes begin in August.*
- Spring Year \_\_\_\_\_ *Spring classes begin in January.*
- Summer Year \_\_\_\_\_ *Summer classes begin in May.*

**Please sign here** *I certify that all information provided is complete and accurate. I understand that any falsification of the above information may invalidate my application.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Penn College encourages qualified persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accommodation or have questions about the physical access provided, please contact Disability Services at (570) 320-5225, TTY: (570) 321-5528, or fax (570) 327-4501 in advance of your participation or visit.

Pennsylvania College of Technology does not discriminate in admission by race, color, religion, national origin, sex, handicap, age, sexual orientation, political affiliation, status as a protected veteran, or any characteristic against which discrimination is prohibited by applicable law, and operates on a nondiscriminatory basis throughout the institution.

Announcement of this policy is in accordance with the State law including the Pennsylvania Human Relations Act and with Federal law, including Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990.

Any student complaints of harassment or discrimination pertaining to education should be directed to the College's Title VI, IX, and Section 504 Coordinator, Morton Neely, Pennsylvania College of Technology, One College Avenue, Williamsport, PA 17701-5799, phone: (570) 327-4765, fax: 570.321.5556 or to the Director of the Office of Civil Rights, Department of Education, Office of Civil Rights, Washington, D.C. 20201. For information on accommodations for persons with disabilities, contact Kay Dunkleberger, Coordinator of Disability Services, Pennsylvania College of Technology, One College Avenue, Williamsport, PA 17701-5799, phone: (570) 320-5225, TTY: (570) 321-5528, or fax: 570.327.4501.

This notification is available at [www.pct.edu/studentpolicy](http://www.pct.edu/studentpolicy) and is on file in Braille and audio in the following offices at the College: Financial Aid, Student & Administrative Services Center, Room 1013; Admissions, Student & Administrative Services Center, Room 1068; Counseling Services, Bush Campus Center, Room 204, and the Madigan Library.