AGRICULTURAL TECHNOLOGY College of Agriculture and Life Sciences 1060 Litton-Reaves Hall (0334) Virginia Tech Blacksburg, VA 24061 Ph: 540-231-7649 Fx: 540-231-6741

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Complete applications for Agricultural Technology must include all of the following:

1. <u>Application Form</u>:

Please provide complete information. Candidates who are Virginia residents must complete page 5 of the application. Incomplete forms will result in delays in processing your application.

2. High School Transcript:

Please have your guidance counselor send an official copy of your high school transcript. (**Be sure it is sent to the Agricultural Technology Program**, **NOT Undergraduate Admissions.**)

3. <u>College Transcript</u>:

If you have previously attended another college, please have the guidance office send an official copy of your transcript. (Be sure it is sent to the Agricultural Technology Program, <u>NOT</u> Undergraduate Admissions.)

- 4. <u>Test Requirements</u>: The SAT is not required.
- 5. <u>Essay</u>:

Submit a one to two page double-spaced essay stating why you would like to pursue an education in the Agricultural Technology Program and how this will help you achieve your career goals.

6. Application Fee:

A non-refundable \$60 fee must accompany your application for admission. The check or money order should be made payable to *Treasurer*, *Virginia Tech*.

7. Other Requirements:

Students will be required to purchase a laptop computer that meets the Virginia Tech requirements. The requirements will be communicated to you in May.

8. Application Deadlines:

The Agricultural Technology Program has a rolling admission policy. However, the earlier the application and supporting credentials are received, the sooner you will receive a decision on admission.

9. Correspondence:

All admission applications and correspondence should be sent to the address at the top of this page.

ATTENTION: Detach and keep this sheet for future reference.

VIRGINIA TECH APPLICATION FOR ADMISSION AGRICULTURAL TECHNOLOGY ASSOCIATE DEGREE

Application Fee: \$60

SOCIAL SECURITY NUMBER: _____

To be completed by applicant (please print legibly in ink)

LAST NAME	FIRST NAME	MIDDLE NAME	(SUFFIX)
Name you prefer to be addre	essed by:		
OPTION INTEREST: (Ch	eck <u>one</u> option and <u>one</u> emphasis area	a)	
□ APPLIED AGRIC	ULTURAL MANAGEMENT OPT	ION	
Emphasis area:	\Box agribusiness \Box crop produc	ction \Box livestock production	
🗆 LANDSCAPE & T	URFGRASS MANAGEMENT OP	TION	
Emphasis area:	□ golf/sports turf □ landscap	ping	
PERSONAL E-MAIL ADI	DRESS:		
MAILING ADDRESS:			
		eet and/or PO Box	
City	Sta	te	Zip
Cell Phone	Но	me Phone	
PERMANENT ADDRESS	:		
		eet and/or PO Box	
City	Sta	ite	Zip
Cell Phone	Но	me Phone	
COUNTY (<u>NOT</u> COUNTR	RY):		
BIRTHDATE:		GENDER (optional)	Female Male
ETHNICITY: (optional) A	frican American/Black American Indian/A Hispanic/Latino	alaskan Native Asian Native Hawaiia White/Caucasian	n/ Other Pacific Islander
PLANNED ENTRANCE I	DATE: Fall 20		
DO YOU REQUEST CAM	IPUS HOUSING ? (Circle One) Ye	es No (All freshmen an	re required to live on campus.
HIGH SCHOOL NAME:			
HIGH SCHOOL PHONE:			
CEEB CODE:	(College E	Entrance Examination Board code can be of	btained from your guidance counselor)
GRADUATION DATE (mo	onth & year):		

Names of high schools you attended other than the one from which you (will be) graduated, their College Entrance Examination Board codes, and dates attended:

				to	
Name	С	CEEB Code		Month/Year	
				to	
Name	С	EEB Code	Month/Year	Month/Year	
HAVE YOU ATTE	NDED ANY OTHER COLL	EGE OR UNIVERSITY	Y? □Yes □No		
College Name	College Code	From term/year	To term/year	Degree completed (e.g. AS, BS)	
College Name	College Code	From term/year	To term/year	Degree completed (e.g. AS, BS)	
College Name	College Code	From term/year	To term/year	Degree completed (e.g. AS, BS)	

NOTE: An official transcript, sent directly from the Registrar to the Agricultural Technology Program, is required from EACH college you have attended.

EMPLOYMENT: List all employment experiences during and since high school including serving in the armed forces and give a brief explanation of your duties for each job. Use an additional sheet of paper if necessary. Be as specific as possible with dates and indicate the average number of hours worked each week.

Employer Name				
				Hours worked per week
Employer Addre	ess:			
		Street and/or PO Box		
	City	State		Zip
	Dates of Employment:		to	
Duties:				
Employer Name				Hours worked per week
Employer Addre	SS:			
Employer Addre		Street and/or PO Box		
	City	State		Zip
	Dates of Employment:		to	
Duties:				

PARENT/GUARDIAN INFORMATION: (This section is optional if you are 24 or older)

College(s) Attended:

Degree(s) Earned:

International applicants:
□ Resident Alien
□ Non-Resident Alien

Are you a U.S. citizen? □ Yes □ No

TAREAT/GOARDIAN INFORMATION. (This section is option	nu ij you ure 24 or older.)			
Divorced (date	arried Civil Union/Domestic Partners Widowed Separated mm/yyyy			
With whom do you make your permanent home? \Box Parent I \Box Parent I	I \Box Both \Box Legal Guardian \Box Ward of the Court \Box Other			
Parent I	Parent II			
□ Mother □ Father □ Stepmother □ Stepfather □ Guardian □ Spouse	□ Mother □ Father □ Stepmother □ Stepfather □ Guardian □ Spouse			
Is Parent I living? Yes No (Date deceased) mm/yyyy	Is Parent II living? Yes INO (Date deceased) mm/yyyy			
Name:	Name:			
Last name First Name MI	Last name First Name MI			
Former last name(s):	Former last name(s):			
Street	Street			
City/State/Zip	City/State/Zip			
Home Phone Work Phone	Home Phone Work Phone			
Email:	Email:			
Job Title:	Job Title:			
Employer:	Employer:			
Employer's City/State/Zip	Employer's City/State/Zip			

Relatives who have attended Virginia Tech: (Please note that for consideration in the admissions process, Legacy is defined as having a grandparent, parent, or sibling attend Virginia Tech.)

□ I am a first-generation college student. [Neither parent completed a Bachelor's (4-year) degree or higher at any college or university.]

Name	Relationship	Dates Attended
Name	Relationship	Dates Attended
Name	Relationship	Dates Attended
Name	Relationship	Dates Attended

College(s) Attended:

Are you a veteran? \Box Yes \Box No

Degree(s) Earned:

Country of citizenship if not U.S.:_____

APPLICATION FOR VIRGINIA IN-STATE TUITION RATES

This form should be completed if you are claiming entitlement to Virginia in-state tuition rates pursuant to section 23-7.4, Code of Virginia. All questions must be answered. Failure to complete this form will result in a classification of non-Virginia domicile. Supporting documents and additional information may be requested.

SECTION A: APPLICANT INFORMATION

Name									
How long	have you liv	ved in Virginia?	years months	Date o	f Birth://				
Where hav	e you lived	for the last two years?	Please list current address first.		mm dd	уууу			
From (mo/y	r)	To (mo/yr)	Street Address	City	State	Zip			
From (mo/y	r)	To (mo/yr)	Street Address	City	State	Zip			
From (mo/y	r)	To (mo/yr)	Street Address	City	State	Zip			
□ Yes	□ No	Will you be 24 befo	re the first day of classes?						
□ Yes	□ No	Are you a veteran o	Are you a veteran of the U.S. Armed Forces or active duty military?						
□ Yes	□ No	Are you married?	Are you married?						
□ Yes	□ No	Are you a ward of the court or were you a ward of the court until age 18?							
□ Yes	□ No	Do you have legal dependents (other than your spouse)?							
□ Yes	□ No	Do your parents/legal guardian provide 50% or more of your financial support or claim you as a tax dependent?							
For the twe	elve months	prior to the term in w	hich you will enroll, will you have:						
□ Yes	□ No	filed a tax return or	paid income taxes to Virginia?						
□ Yes	□ No	been a registered vo	been a registered voter in Virginia?						
□ Yes	□ No	held a valid Virginia driver's license?							
□ Yes	□ No	owned or operated a vehicle?							
□ Yes	□ No	If yes, has it been re	If yes, has it been registered in Virginia?						
If you are o	currently on	active duty in the mili	tary:						
□ Yes	□ No	Are you permanent	Are you permanently stationed in Virginia? (If yes, include a copy of your orders.)						
□ Yes	□ No	Does your Leave an	Does your Leave and Earnings Statement reflect Virginia as your state of residence?						
Answer thi	is question of	only if you worked in V	Virginia but currently live outside of V	⁷ irginia.					
□ Yes	□ No	Did you file Virgini	a taxes on all taxable income earned i	n Virginia for the last tax y	/ear?				

SECTION B: PARENT, SPOUSE, OR LEGAL GUARDIAN INFORMATION

This section should be completed by the individual with whom you wish to establish your Virginia domicile.

Do you provide 50% or more of the applicant's financial support OR claim the applicant as a tax dependent? 🗆 Yes 🗆 No

Name									
Relationship	to Applic	ant: (Circle One)	mother	father	stepfather	stepmother	legal guardian	spouse	
		the same as the legal residents o			applicant? □ Yes Jo	□ No			
Date of Birth	n:///			Perso	onal E-mail addre	SS:			
Citizenship:	(Circle One	e) U.S.	Permanent	Resident	Non-Permanen	Resident: Visa T	ype (ple	ase include a copy	y of your visa)
How long ha	ve you liv	ved in Virginia?	years		months				
Where have	you lived	for the last two y	vears? Pleas	se list current o	address first.				
From (mo/yr)		To (mo/yr)		Street/PO A	Address	City		State	Zip
From (mo/yr)		To (mo/yr)		Street/PO A	Address	City		State	Zip
For the twelv	e months	prior to the term	in which th	e applicant wi	ll enroll, will you	have:			
□ Yes	□ No	filed a tax retu	ırn or paid iı	ncome taxes to	• Virginia?				
□ Yes	□ No	been a register	red voter in	Virginia?					
□ Yes	□ No	held a valid V	held a valid Virginia driver's license?						
□ Yes	□ No	owned or oper	owned or operated a vehicle?						
□ Yes	□ No	If yes, has it been registered in Virginia?							
Are you curr	ently on a	ctive duty in the	military? If	f no, please ski	ip to Section C.				
□ Yes	□ No	Are you stationed to a permanent duty station in Virginia, Washington, DC, or any state contiguous to Virginia? (If yes, please attach or mail a copy of your orders.)							
□ Yes	□ No	Does your Leave and Earnings Statement reflect Virginia as your state of residence? (If yes, please attach or mail a copy of a Leave and Earnings statement reflecting Virginia withholding.)							
Answer this	question o	only if you are a	non-resident	employed in	Virginia.				
□ Yes	□ No	pay Virginia n	on-resident	income tax on	all taxable incor	ne earned in Virgi	ginia for full-time nia? (If yes, please ident Virginia inco	attach or m ail a	

SECTION C: SIGNATURES

The applicant must sign below or this application will not be processed. If Section C has been completed, that parent's, spouse's or legal guardian's signature must also appear below.

I certify under penalty of disciplinary action that the information I have provided is true.

Signature of Applicant

I certify that the information I have provided is true.

Date

COMMUNITY STANDARDS (Required Information)

- □ Yes, I understand that the information in the Community Standards section is required. I further understand that, should any of my answers change after I have submitted my application, it is my responsibility to inform the Agricultural Technology Program immediately.
- Also, by signing this application, I understand and agree that, if I am offered admission and choose to matriculate, I have a continuing obligation to report to the Office of Student Conduct any arrest or conviction (other than minor traffic violations, and/or the issuance of a protective obligation extends during any periods of my enrollment at the university). My failure to make the notification may subject me to disciplinary action under the Code of Student Conduct.

Have you ever been:

• Suspended, expelled, dismissed, or subject to disciplinary action from any school?

 \Box No \Box Yes

• Arrested or convicted of a violation of any local, state or federal law, other than a minor traffic violation?

 \Box No \Box Yes

• Arrested, convicted, or received an adjudication as a juvenile for a violation of any local, state, or federal law, other than a minor traffic violation?

 \Box No \Box Yes

Are you currently:

• On court-ordered supervised or unsupervised probation or under the terms of a finding under advisement?

 \Box No \Box Yes

• On probation or suspension (academic or honor) at any high school, college or university?

 \Box No \Box Yes

If you answered 'Yes' to any of the above questions, please provide a detailed explanation of each occurrence, including the date and disposition.

PLEDGE OF HONOR

I certify that all information given on this application is true and correct. I will abide by all rules and regulations of the university. I will accept the responsibility of the Honor Code of the university. I pledge I will not lie, cheat, or steal. I understand that violation of the Virginia Tech Honor Code may result in severe penalties, including dismissal from the university.

Date

Signature of Applicant