

ACE Admission Application



West Georgia Technical College

Main Contacts

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Name : _____ Student Id: _____

Address: _____

State: _____ Zip: _____ Phone: _____

WGTC Email: _____

Personal Email: _____

What is your current GPA? _____

Current Program of Study? _____

How many semesters do you have left before graduating? _____

What are your interests and activities outside of school? _____

What organizations do you now belong to or have you belonged to? List any offices held. _____

Do you experience anxiety when taking tests? _____ yes _____ no

Do you struggle in a particular subject? _____ yes _____ no If so which one(s)? _____

As a participant of ACE, you are required to complete *at least 2 workshops* per semester and be in contact with your ACE Advisor *at least 3 times* during the semester for questions and assistance in order for you as the student to be successful. Please Initial to comply. _____

Why would you be a good candidate for this program? Include your definition of academic success/why you are applying/your immediate educational goals or plans?

Student Signature: _____ Date: _____