

DUAL ENROLLMENT ADMISSIONS APPLICATION

(Both sides must be completed.)

Social Security Number _____ Date _____

Last Name _____ First Name _____ MI _____
(as it appears on your social security card) (as it appears on your social security card)

Mailing Address _____

City _____ State _____ Zip _____ County _____

Home Telephone () _____ Cell Phone () _____

Date of Birth _____

Email Address _____

Citizenship Status

- ☐ United States Citizen
- ☐ Resident Alien
- ☐ Non-Resident Alien
- ☐ Undocumented Alien
- ☐ Other Non-US Citizen

Optional:

- Gender: ☐ Male ☐ Female
- Are you Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race)? ☐ Yes ☐ No
- Check one or more: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ White ☐ Native Hawaiian/Pacific Islander

Emergency Contact Person: Name _____ Phone () _____

Relationship _____ Street Address _____

City _____ State _____ Zip _____

Program/Enrollment Selection

- ☐ Dual Enrollment Core
- ☐ Dual Enrollment Technical Programs (i.e. welding, cosmetology, automotive, etc.)

Program name: _____

Semester you intend to enroll: ☐ Fall ☐ Spring ☐ Summer Year: _____

****Graduating seniors are not eligible for Dual Enrollment enrollment during the summer following graduation.**

Campus or site you would like to attend: ☐ Carroll ☐ Coweta ☐ Douglas ☐ LaGrange ☐ Murphy

(Not all programs are offered at all campuses.) ☐ Online Learning ☐ Franklin ☐ Greenville

High School Education

High School _____ City _____ State _____

What year do you plan to graduate? _____

College Education

Please list all colleges, universities, and technical schools attended:

Name of School _____ Dates Attended _____ Degree, Diploma, or Certificate Awarded _____

Name of School _____ Dates Attended _____ Degree, Diploma, or Certificate Awarded _____

Have you taken any of these exams within the last five (5) years? ☐ ASSET ☐ COMPASS ☐ ACT ☐ SAT
☐ ACCUPLACER

First Generation College StudentDid your father graduate from college? ☐ Yes ☐ No ☐ UnknownDid your mother graduate from college? ☐ Yes ☐ No ☐ Unknown**Military Information**Please select those that apply to your current status: ☐ Active Army ☐ Active Marine ☐ Active Navy☐ Active Air Force ☐ Active Coast Guard ☐ Military Veteran ☐ Military National Guard ☐ Military ReservistIf you are a dependent/spouse of a military service member, please select those that apply to the military service member: ☐ Active Army ☐ Active Marine ☐ Active Navy ☐ Active Air Force☐ Active Coast Guard ☐ Military Veteran ☐ Military National Guard ☐ Military Reservist

My signature on this application is my acknowledgement of and agreement with the statements that follow:

- Foregoing information contained in this application is true and correct.
- Misrepresentation or omission of information will be sufficient cause for rejection or dismissal.
- I intend to abide by the rules and regulations of WGTC.
- All materials submitted for application become the property of West Georgia Technical College and will not be returned to me.
- I give permission to WGTC to request my final high school transcript.
- Do you give permission to WGTC to contact you via the telephone numbers provided including text messaging and voice calls? ☐ Yes ☐ No

Applicant's Signature _____ Date _____