



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 _____

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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 _____