



AUGUSTA TECHNICAL COLLEGE ASSESSMENT REQUEST

Testing Purpose-Check one: **Dual Enrollment** high school & college credit (diploma or TCC) **Joint Enrollment** college credit (diploma or TCC) **ACCEL** core high school & college credit (degree only) **Admission after graduation** (degree, diploma or TCC)

Date: _____

Current High School: _____ **Grade:** _____

Name: _____ **Student ID #:** _____
Last Name First Name Middle Can use FTE #

Address: _____
House No. / P.O. Box / Apt. Number Street

City _____ County _____ State _____ Zip Code _____

E-mail address: _____

Telephone Number: Home (____) _____ **Cell** (____) _____

***Sex:** Male Female **Date of Birth:**
Day Month Year

***Ethnic Background:** American Indian Asian or Pacific Islander Black, Non-Hispanic
 Hispanic White, Non-Hispanic Non-Resident Alien Prefer Not to Respond

**This information is for statistical reporting purposes only.*
Have you taken the SAT, ACT, ASSET, COMPASS? Yes No (If yes, submit scores)

List desired program of study: _____

Do you plan to pursue **Associate Degree** **Diploma** **Technical Certificate of Credit**
2 yr. program 1 -1½ yr. program short term program

Check Desired Campus: Augusta Thomson/McDuffie Waynesboro/Burke

Signature _____ **Date** _____

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