



Dual/Joint Enrollment

Application for Admission

High School Students Only

For more information call **(478) 218-3701** or email highschool@centralgatech.edu

Warner Robins Campus
80 Cohen Walker Drive
Warner Robins, Georgia 31088
(478) 988-6800

Macon Campus
3300 Macon Tech Drive
Macon, Georgia 31206
(478) 757-3400

Milledgeville Campus
54 Highway 22 West
Milledgeville, Georgia 31061
(478) 445-2300

Crawford County Center

**Hawkinsville Workforce
Development Center**

Monroe County Center

**Peach County Workforce
Development Center**

Putnam County Center

MY PROGRAM CHOICE IS:

Office Use Only

PERSONAL INFORMATION

Last Name:

First Name:

Middle Name:

Date of Birth:

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MM DD YYYY

Gender: Male Female

Social Security Number:

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Mailing Address: (Street/Route/P.O. Box)

City:

State:

County:

Contact Phone Number

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Email:

SELECT TERM:

Fall Spring Summer

PERSONAL INFORMATION (CONTINUED)

Are you a U.S. Citizen? Yes No

If No, please provide your Alien Registration number:

Are you Hispanic or Latino? Yes No

Race (select one or more):

- American Indian/Alaskan Native
 Asian
 Black/African American
 Native Hawaiian/Pacific Islander
 White

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

Phone:

Relationship:

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HIGH SCHOOL INFORMATION

High School:

Current Grade Level:

SIGNATURE

I understand that classes taken in the Central Georgia Technical College (CGTC) Dual Enrollment program count for both college and high school credit. Students may take the college placement exam free of charge two times per academic year. I understand that failure to adhere to college rules and regulations and/or failure of a class may impact the student's high school graduation and/or continuation in the CGTC program. **I further understand that the student's academic standing, as well as financial aid standing, may be adversely affected by failure and/or withdrawal in these college courses. Student must maintain satisfactory academic progress, as set forth by CGTC, which includes a 2.0 GPA and a 67% pass rate.**

I also understand that CGTC is not responsible for any accident or injury which may occur in route to and from, or while on the CGTC campus.

CGTC is hereby authorized to release to my parent/guardian and to my home high school any and all records/information that is on my permanent record at CGTC. I understand that my social security number, grades, tuition, fees, work ethic grades, and other like information are included in my permanent record at CGTC.

I understand that Joint Enrollment is not covered by the Dual Enrollment program and students will not receive high school credit. Students can self-pay or use HOPE grant to cover partial tuition and are responsible for the cost of textbooks. These hours **do** count against HOPE cap.

I hereby consent to the release of directory information, as defined in the school catalog/handbook. I give permission for my likeness, voice, or comments to be used in any promotional item on behalf of CGTC or TCSG. I also give CGTC permission to contact me at all telephone numbers provided, including text message and/or voice.

By my signature, I agree to these terms and I agree that my I/my child may participate in the Dual Enrollment/Joint Enrollment program at CGTC.

Student Signature:

Date:

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Parent/Guardian Signature:

Date:

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