

DUAL ENROLLMENT APPLICATION FOR ADMISSION



928 Manchester Expressway
Carl Patrick Hall P-300
Columbus, GA 31904
706.641.5660
www.columbustech.edu

DUAL ENROLLMENT
@ COLUMBUS TECHNICAL COLLEGE

Last Name First Name Middle Initial

Mailing Address

City State Zip Code County

Social Security Number Date of Birth

Contact Number Cell Phone Home Phone

E-mail address

Which high school do you attend? Graduation Year

Gender: Male Female Are you a United States Citizen? Yes No

Ethnic Background: Are you Hispanic/Latina? Yes No
If No, please select one or more: American Indian/Alaskan Native Asian Black or African-American
Native Hawaiian or other Pacific Islander White I choose not to answer this question

Are you a military dependent? Yes No If so, which branch: Military Active Duty Military Veteran

Did your father graduate from college? Yes No Unknown

Did your mother graduate from college? Yes No Unknown

Emergency Contact Name Phone Number

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

- I certify that the foregoing information contained in the application is true and correct.
I agree to abide by policies and procedures outlined in the Columbus Technical College Student Handbook.
I give permission for my likeness, voice, or comments to be used in any promotional item on behalf of Columbus Technical College or the Technical College System of Georgia.
I understand that Columbus Technical College is not liable for any emergency medical attention provided nor for charges incurred from such.

Applicant's Signature Date

As set forth in its student catalog, Columbus Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law).
Title IX Coordinator/Section 504 Coordinator Henry Gross, Director of Human Resources
928 Manchester Expressway, Columbus, GA 31904 706.649.1883



STUDENT RELEASE OF RECORDS / FERPA AUTHORIZATION FORM

(Family Educational Rights and Privacy Act)

TO BE FILLED OUT BY THE STUDENT ONLY (Student requesting release, print full name)

I, _____ hereby authorize Columbus Technical College to release my educational records.

Initial on the lines below to indicate which records you wish to make available:

_____ **All Financial Aid Records** (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file).

_____ **All Academic/Transcript Records** (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records).

_____ **All Student Account Records** (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other accounts receivable information contained in student account records).

_____ **Instructor/Classroom Records** (records include: attendance, progress reports, test and homework scores if available. Please note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the final grade. FERPA pertains to the release of records. Instructors are not required to have conversations about academic progress with anyone other than the student).

_____ **Other Records** _____

Please Note: Counseling Center and Services for Students with Disabilities records are considered medical records and are not covered under FERPA rules. A separate release form must be obtained from these departments.

The following individual(s) are authorized to access the information indicated above:

(Please Print Full Name)

Spouse _____ Mother/Stepmother _____

Agency _____ Father/Stepfather _____

Other (Specify name and relationship) _____

Although I understand I am not required to release this information, I am giving my consent to Columbus Technical College, Student Affairs, to disclose these records. Please note: A clear photocopy of your picture ID is required to verify authenticity of this release. Student Affairs can make a copy of the ID if you deliver this form in person. Otherwise, please make sure a copy is attached before turning this form in.

SID# _____ **or SSN#** _____

Signature of Student: _____ **Date:** _____

FERPA pertains to the release of records only. It does not give others the right to act on your behalf or to change your records.

OFFICE USE ONLY: Date: _____ Initials: _____ **Rev 3/14**