

APPLICATION FOR ACCUPLACER TESTING

APPLICATION PROCEDURES:

- 1. Submit completed application to high school counselor.
- 2. Provide picture I.D. to test administrator.

Type or Print Legibly

Personal Information:

| Name: | Home County: | SS #: |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Mailing Address: | | |
| City: | State: | Zip: |
| Home Phone: | Work Phone: | Cell Phone: |
| Email: | | Date of Birth: |
| Emergency Contact Na | me: Relationship: | Contact Phone: |
| or omission of inforr North Georgia Tech College and will not | going information contained in this application is true and cornation will be sufficient cause for rejection or dismissal. I internical College. All materials submitted for application become be returned to the applicant. I understand that by signing this ermission to release information concerning my test scores to | nd to abide by the rules and regulations of the property of North Georgia Technical document, I give North Georgia |
| Applicant's Signature: | | Date: |

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