



Providing Controllers For The Next Generation

APPLICATION FORM



4089 Val Tech Road
Bldg. 100, Office 128
Valdosta GA 31602
admissions@advancedatc.com

Date Rec'd. _____

Student ID _____

Date Visit _____

Start Date _____

Amount Rec'd. _____

\$ _____

Form of Payment:

Visa MC Discovery Check

(\$100.00 Application Fee must accompany this Application & Signed Background Release Form)

PLEASE COMPLETE THIS FORM IN DETAIL. PLEASE PRINT

1. Name (last, first, middle) (as it appears on your social security card)

2. If any of your records are under a name other than the one given above (i.e. your maiden name), please list the name(s) below. (last, first, middle).

3. Date of Birth _____ (month/day/year) 4. Social Security # _____ - _____ - _____

5. Permanent Address (street, city, state, zip code)

6. Current Address (if different from Permanent address)

7. Telephone (Home) (Work) (Other)

8. E-Mail Address

_____ @ _____

EMERGENCY CONTACT INFORMATION:

9. Name/ Relationship

_____ cell/work # _____

10. Address

11. **Check Desired Start Date:**

<input type="checkbox"/> January	<input type="checkbox"/> April	<input type="checkbox"/> July	<input type="checkbox"/> October	<input type="checkbox"/> 2015
<input type="checkbox"/> February	<input type="checkbox"/> May	<input type="checkbox"/> August	<input type="checkbox"/> November	<input type="checkbox"/> 2016
<input type="checkbox"/> March	<input type="checkbox"/> June	<input type="checkbox"/> September	<input type="checkbox"/> December	<input type="checkbox"/> 2017

12. How did you hear about AATC? ☐ TV ☐ Magazine ☐ Newspaper ☐ HS Presentation ☐ Web ☐ Other

13. If you are relocating to train at AATC, will you be applying for housing? ☐ Yes ☐ No

14. **Educational Background:**

Name and Address of High School _____

Date of High School Graduation: _____ (month / year) or GED _____

15. Are you a U.S. Citizen? ☐ Yes ☐ No (If no, contact admissions representative)

16. Is English your primary language? ☐ Yes ☐ No

17. ☐ I have taken the FAA Class II ATCS Physical (please include copy with this application)

☐ Military ATC Experience : CTO at _____ (Base)

Facility Rating (s) _____ Other _____

Separation Date: _____ Honorable Discharge ☐ Yes ☐ No

18. If male, have you registered with Selective Service? ☐ Yes ☐ No

19. Have you ever been convicted of, or pled guilty to a crime other than a traffic offense? ☐ Yes ☐ No

If Yes, Explain and date of latest offense: _____

20. In the event that your telephone number is registered on the National Do Not Call Registry, the signature below gives consent for Advanced ATC, Inc. to call you for 18 months or up until the designated time of your class start, whichever comes later.

All information provided on this application is true and complete to the best of my knowledge. I understand that admission to the college is contingent upon submission of high school graduation or attainment of a GED prior to matriculation, satisfaction of all admission criteria, my acceptance by the college, my signing of the college's Enrollment Agreement, the college's acceptance of the Enrollment Agreement.

I authorize the college to request and receive a copy of my high school and/or college transcripts, including GED certificate.

Signature of Applicant: _____ Date _____

Wiregrass Georgia Technical College/Advanced ATC, Inc. does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, sexual orientation or disability in the administration of any of its educational programs or activities or with respect to admissions or employment.

An Equal Opportunity Institution. Wiregrass Georgia Technical College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools.

A Unit of the Technical College System of Georgia

Save and submit this form via email to admissions@advancedatc.com or FAX to 866-680-1738.