



ENROLLMENT APPLICATION

PLEASE COMPLETE THIS FORM IN DETAIL. PLEASE PRINT.

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

2. Date of Birth (MM/DD/YYYY)

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

4. Social Security #: _____ - _____ - _____ 5. Email Address _____ @ _____

5. Permanent Address: (street, city, state, and zip)

6. Current Address: (if different from permanent address)

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

8. Are you a US Citizen? Yes No

Emergency Contact Information

Name/Relationship:

_____ Phone #: _____

Address:

Enrollment Information

1. Check desired start date:

2024

2025

2026

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov

2. If you will be relocating to attend training with AATC, will you be applying for housing? Yes No

3. Name and address of high school:

4. Date of high school graduation:

_____ (MM/YYYY) OR GED: _____ (MM/YYYY)

5. Is English your primary language? Yes No

6. Do you have a Class II Medical Certificate? Yes No
(If yes, please include a copy with this application)

7. Do you have any past air traffic control or aviation experience? Yes No

If yes, please provide more information below:

8. Are you registered with the selective service? Yes No

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

If yes, please date and explain any offenses:

10. Have you ever tested positive for drugs/controlled substances? Yes No

11. Please provide last 2-year work history. _____

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, and 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.

Please submit completed application via email to admissions@advancedatc.com or via fax at (866) 680-1738.