DUAL ACHIEVEMENT PROGRAM REFERRAL FORM

(Please send with Student Transcript**)**

Student

First Name: _____

Last Name: _____

Phone & Email: _____

Home Address: _____

Current/Former High School _____

Parent Guardian

First Name: _____

Last Name: _____

Contact Phone: _____

Email Address: _____

Referring Individual

First Name: _____

Last Name: _____

School District/Agency: _____

Email Address: _____

A DUAL ACHIEVEMENT APPLICATION (Application #7) must be completed online at www.atlantatech.edu before students are formally admitted. The Dual Achievement Program office will be happy to assist in this process.

ATLANTA TECHNICAL COLLEGE
South Campus
Dual Achievement Program
485 Atlanta S Parkway
Forest Park, GA 30297
P: (404) 225-4300
E: ATCPrep@atlantatech.edu

CREATING OPPORTUNITIES – DISCOVERING DREAMS – CHALLENGING REALITIES