GEORGIA COLLEGE EARLY COLLEGE
SY 2016-17 Application for Admission
CHECKLIST

Check your school district:  _____ Baldwin County  _____ Putnam County

Please check all items completed and included in the application package.

___ Application- Identification & Contact Information (Part A)
___ Academic Reference Form (Part B)

Be sure to give the recommendation form to the appropriate person and ask that they return it to you in a sealed envelope. Please do not have your recommendation mailed in separately. It should be in your completed application packet.

APPLICATION PROCESS:
1. Submit 1 recommendation form from a current teacher, administrator, or guidance counselor.
2. Double check everything for completion and return this application and all documents no later than March 25, 2016 to the main office of your home campus. Please do not send documents separately.
GEORGIA COLLEGE EARLY COLLEGE
SY 2016-17 Application for Admission (PART A)
IDENTIFICATION & CONTACT INFORMATION

Student __________________________________________ Gender: __________
  Last                  First                  Middle
Age________ Date of Birth __________________________ Current Grade __________________________
Name(s) of Parent/Legal Guardian __________________________________________________________
Mailing Address __________________________________________________________
  City                    State                    Zip Code
Parent e-mail address __________________________________
Home Phone ______________ Work Phone ______________ Cell Phone ______________
School presently attending ________________________________________________________________

First Generation College Student: _____ Yes (neither parent graduated from college) _____ No

PLEASE READ CAREFULLY: By submitting this application you understand the commitment of effort and time your student is
undertaking if accepted into GCEC. This commitment includes agreeing to keep your student at GCEC for at least one year. If,
at the end of any year, your student is unwilling or unable to continue studies at GCEC, she/he will be reassigned to his/her home
school. Also, any attendance or behavior problems may be sufficient cause to rescind any admission granted.

Admittance to GCEC affords your student the opportunity to earn a high school diploma and credits towards a college degree.
This does not include automatic acceptance into and/or tuition assistance from Georgia College & State University, Central
Georgia Technical College, or Georgia Military College upon high school graduation.

____________________________________________________________________________________
Date __________________
Parent/Guardian Signature

Please return your completed application no later than March 25, 2016 to the
main office of your home school campus.
GEORGIA COLLEGE EARLY COLLEGE
SY 2016-17 Application for Admission (Part B)

Academic Recommendation

To the applicant: Please complete the top section of this form and give this form to one of your current academic subject (math, science, social studies, English/language arts, or science) classroom teachers, principal, or guidance counselor.

Student’s Name ___________________________________________________________

Last  First  Middle

Student’s Address ________________________________________________________

Street  City  State  Zip Code

Student’s Current School __________________________________________________

To the Recommender: The student named above is applying for admission to the Georgia College Early College Program. Please use this form to share your perceptions of how this student will meet the academic and social responsibilities of our school. Please return this form to the student in a sealed envelope. Thank you for your assistance.

How long have you known the applicant? __________

In what capacity have you served the student? __________

Please check as applicable | Exemplary | Acceptable | Needs Improvement
---|---|---|---
Verbal Communication | | | |
Ability to work as a team member | | | |
Analytical/Problem-Solving | | | |
Leadership Skills | | | |
Overall Quality of Academic Work | | | |
Computer Knowledge/Skills | | | |
Dependability/Reliability | | | |
Classroom Behavior | | | |
Interpersonal Skills | | | |
Cooperativeness | | | |
Self-confidence | | | |
Motivation and Initiative | | | |
Attitude and Manner | | | |
Responsiveness to Criticism | | | |

Comments:

Name of Reference: __________________________________________ Title __________

School/Organization __________________________________________ Phone __________

Signature __________________________________________ Date __________