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An equal opportunity/
affirmative action unit of the
University System of Georgia

CLEARANCE FORM

Student Information and Transcript Release

Student Name _____
Last First Middle

Address _____ Phone _____

High School _____

I grant permission to send my high school a transcript of my college work attempted at ASU in the Joint Enrollment Program. I grant permission for communication between the ASU Admissions Office, Financial Aid Office, Registrar, and UMAC with my high school administrators and guidance counselors

Student Signature Date

High School Recommendation

The above named student is recommended for the Joint Enrollment Program at Augusta State University for the following term/years:

Enrollment term/years Fall 20 _____ Spring 20 _____ Summer 20 _____

Signature of counselor or principal

Print name and title

<i>Courses approved for registration</i>		
Fall	Spring	Summer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Consent of Parent or Guardian

I consent for the above named student to enroll at ASU for the course(s) and term/year(s) listed above.

Parent/Guardian Signature Date

Print Name and Relationship to student

Interview and Approval from ASU Representative

Call (706) 737-1632 for an appointment.

Signature Date

Joint Enrollment

Augusta State University • Office of Admissions • 2500 Walton Way • Augusta, GA 30904-2200 • 706-737-1632 • FAX: 706-667-4355