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1-800-341-4373

# Clearance Form

## Student Information and Transcript Release

Student's name \_\_\_\_\_  
last first middle

Social security number \_\_\_\_\_ High school \_\_\_\_\_

*I grant permission to send my high school a transcript of my college work attempted at Augusta State University in the Joint Enrollment Program.*

Student's signature \_\_\_\_\_

## 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 \_\_\_\_\_

Courses approved for registration \_\_\_\_\_

## Consent of Parent or Guardian

*I have granted consent to the above named student to enroll in the Joint Enrollment Program at Augusta State University for the course(s) and term/year(s) listed above.*

Signature of parent or guardian \_\_\_\_\_

Print name and relationship to student \_\_\_\_\_

## Interview with ASU Admissions Representative

*Call 706-737-1632 for an appointment.*

Interviewed by: \_\_\_\_\_  
signature date

Joint Enrollment

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