

Application for Admission

*The  
Advanced Academy  
of Georgia*

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UNIVERSITY *of*  
West   
Georgia.®

Educational Excellence in a Personal Environment

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# Advanced Academy of Georgia Admissions Procedures

**Getting Started:** Read these instructions carefully before you begin preparing your application. If you have questions about the application instructions, please do not hesitate to contact us. We recommend that you make photocopies of your entire application packet for your personal records before submitting it.

**Self Managed Applications:** It is your responsibility to prepare and collect all materials, other than test scores, and submit them at one time to the Academy office. This requires planning on your part to allow time for you to prepare the application properly and collect all the required materials. This process gives you, the applicant, control over when your application is complete and eliminates the need for concern over lost or misdirected forms, transcripts, and references. Receipt of your application packet will be acknowledged. Incomplete files will not be considered.

**Application Deadlines:** Applications will be reviewed for fall semester beginning December 1, and The Advanced Academy will accept applications through June 15; however, there are earlier deadlines that must be met for students who are interested in scholarships. For detailed information about the scholarships that are available, please see The Advanced Academy of Georgia Need-Based Scholarship Application and explanation of Other Advanced Academy Scholarship Options at [www.advancedacademyorg](http://www.advancedacademyorg).

**Campus Interview for Student and Parent(s)**—Applicants and parents will be contacted to schedule an interview after the student’s application has been evaluated and it has been determined that Academy minimum eligibility requirements have been met. No admission decision will be made prior to the interview component of the admission process.

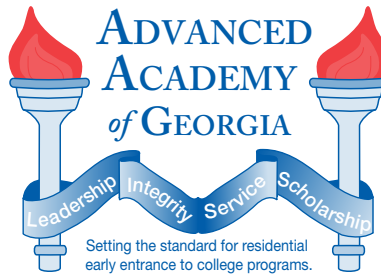
## The following items must be submitted before an application will be evaluated:

- **Application for admission** and the **\$30.00 application fee** (payable to the University of West Georgia)—The application may be typed or legibly printed. Should you require additional space, please attach a separate sheet of paper.
- **High school and college (if applicable) transcript(s)**—Ask your counselor and/or registrar to provide two official and sealed copies of your transcript(s) for the ninth through the tenth grades (eleventh grade if you are a junior). Please provide your high school (and college) with the completed Transcript Request Form. If you are accepted into The Academy, an end-of-year transcript will also be required.
- **SAT or ACT scores**—We will accept scores directly from your school or the testing agency. If you have not taken one of these national tests, you should plan to do so in accordance with application deadlines. The reporting number for University of West Georgia is **5900**. Applications for the tests may be obtained from your school counselor or from [www.collegeboard.com](http://www.collegeboard.com) or [www.act.org](http://www.act.org). Please inquire about taking the SAT in our institutional testing program if you do not have sufficient time to take the test in the national testing program. PSAT scores are not accepted.
- **High School Acknowledgement Form** must be completed by your high school counselor or principal.
- **Parental Permission Form and Statement of Support**
- **Student Resume and Essay**—Sample resume can be found on UWG’s Career Services web site. The essay should be 400-500 words in 12 pt. font covering the following:
  1. Why are you interested in coming to the Academy?
  2. Describe your unique characteristics, qualifications, personal strengths and weaknesses.
  3. What are your goals and future aspirations?
- **Two Teacher Recommendations**—Please ask two teachers (academic classes only) to complete recommendation forms for you. You should provide the teachers with envelopes addressed to The Advanced Academy of Georgia. Once completed, they will return the forms to you inside the sealed envelopes.

**APPLICATION FOR ADMISSION**  
PLEASE COMPLETE ALL ITEMS AND PLEASE PRINT CLEARLY

**A \$30 NON-REFUNDABLE APPLICATION FEE is required from all applicants. (Payable to the University of West Georgia)**

*Program Specialist*  
Advanced Academy at Gunn Hall  
University of West Georgia  
Carrollton, Georgia 30118-5900  
Phone: 678-839-6249  
Fax: 678-839-0636



**APPLICANT INFORMATION**

1. Social Security Number

2. Name       
LAST FIRST MIDDLE NAME CALLED OTHER LAST NAMES USED

3. Permanent Address

STREET ADDRESS or R.F.D. PHONE NUMBER (include Area Code)  
     
CITY STATE COUNTY ZIP CODE

4. Mailing Address  (or check if same as above)

STREET ADDRESS or R.F.D. PHONE NUMBER (include Area Code)  
     
CITY STATE COUNTY ZIP CODE

5. Are you presently employed?  If so, where?  Work Phone No.

6. Sex:  Male  Female 7. Birthdate     
MONTH DAY YEAR 8. E-mail address

9. Race or Predominant Ethnic Group: (optional - used for statistical purposes only)

Asian or Pacific Islander  American Indian  Black (Non-Hispanic Origin)  White (Non-Hispanic Origin)  Hispanic  Multiracial

10. Religious Preference (optional):  11. Student cell phone number

**ADMISSIONS INFORMATION**

11. Year you plan to enter:

12. Area(s) of academic interest

13. Have you previously enrolled at West Georgia?  Yes If so, when?   No What classification?

14. Have you previously applied to West Georgia?  Yes If so, for what semester and year?   No

**EDUCATION INFORMATION**

19. List all high schools and preparatory schools you have attended.

Name of School	City, State	Dates Attended (Mo., Yr.)	
		From	to
_____	_____	____/____	____/____
_____	_____	____/____	____/____
_____	_____	____/____	____/____

20. List all post-secondary institution you have attended.

Name of School	City, State	Dates Attended (Mo., Yr.)	
		From	to
_____	_____	____/____	____/____
_____	_____	____/____	____/____
_____	_____	____/____	____/____

21. Check your high school activities:  Chorus  Newspaper  Student Government  Band  Theatre  Beta Club  
 National Honor Society  Art  Athletics  Debate  Other \_\_\_\_\_

22. Have you taken the SAT or ACT?  Yes Test Date(s) \_\_\_\_\_  No

23. Have you ever been expelled or suspended from school for disciplinary reasons, including in-school suspension?

Yes Attach a detailed explanation.  No

24. What year do you plan to graduate from high school? \_\_\_\_\_

**OTHER INFORMATION**

25. Father's Name \_\_\_\_\_ Living? \_\_\_\_\_  
Father's Address \_\_\_\_\_ Occupation? \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

26. Mother's Name \_\_\_\_\_ Living? \_\_\_\_\_  
Mother's Address \_\_\_\_\_ Occupation? \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

27. Guardian's Name: \_\_\_\_\_ If guardian, when appointed by court? ? \_\_\_\_\_  
Guardian's Address \_\_\_\_\_ Occupation? \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

28. In case of emergency, whom do you wish the university to contact?  
Name \_\_\_\_\_ Relation to you? \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

29. Have you ever been convicted of any criminal offense other than a traffic violation? \_\_\_\_\_ If yes, attach a detailed explanation.

30. I certify that the above statements are true and complete and understand that any omission or misrepresentation will invalidate any further consideration or subsequent admission. If accepted, I agree to abide by the regulations of the University of West Georgia and of The Advanced Academy of Georgia as found at [www.advancedacademy.org](http://www.advancedacademy.org) and [www.westga.edu/](http://www.westga.edu/).

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## RESIDENCY INFORMATION

Applicants who do not provide complete information will be coded as non-resident for tuition purposes.

1. Do you consider yourself a Georgia resident for tuition purposes?  Yes  No

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2. Have you ever lived outside the state of Georgia at any time in your life?  Yes  No

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3. If you have lived outside the state of Georgia, how long have you continuously resided in Georgia **after returning to the state**?  
 Years \_\_\_\_\_ Months \_\_\_\_\_    

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 Date returned to the state \_\_\_\_\_

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4. Have you attended a Georgia high school for at least one year?  Yes  No

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5. Have you graduated or will you graduate from a Georgia high school?  Yes  No

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6. Do you have a driver's license or state-issued ID?  Yes  No  
 If **yes**, in which U.S. state/territory was it issued? \_\_\_\_\_

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7. Do you own a motor vehicle?  Yes  No  
 If **yes**, in which U.S. state/territory is it registered? \_\_\_\_\_

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8. Do you have voter registration?  Yes  No  
 If **yes**, in which U.S. state/territory are you registered? \_\_\_\_\_

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9. Did you file a state income tax return in the past year?  Yes  No  
 If **yes**, in which U.S. state/territory did you file? \_\_\_\_\_

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10. Did your parent, court-appointed legal guardian or spouse claim you on state income taxes in the last year?  Yes  No  
 If **yes**, in U.S. state/territory did he/she file? \_\_\_\_\_

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11. If you are under the age of 24, do you have a  parent,  court-appointed legal guardian,  or spouse who is a legal resident of Georgia?  Yes  No  
 How long has this person continuously resided in Georgia?    Years \_\_\_\_\_    Months \_\_\_\_\_  
 Do they have a driver's license or state-issued ID?  Yes  No    State: \_\_\_\_\_  
 Do they own a motor vehicle?  Yes  No    State Registered: \_\_\_\_\_  
 Are they registered to vote?  Yes  No    State Registered: \_\_\_\_\_

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12. If you moved here less than two (2) years ago, reason for relocating to Georgia?

13.  I am,  my parents are, or  my spouse is a member of the U.S. Armed Forces. (check one or more)  
 If **you** are a member, which branch (circle one): Air Force, Army, Coast Guard, Marines, Navy  
 Which component (circle one): Active, Reserve, National Guard    Current status (circle one): Discharged, Retired, Serving  
 I am,  my parents are, or  my spouse is active duty military, stationed in Georgia. (check one or more)  
 If this person is currently on active duty, provide the home of record: State \_\_\_\_\_  
 I am,  my parents are, or  my spouse is currently a member of the Georgia National Guard. (check one or more)

14. List employment for the previous two (2) years. Provide complete information (attach sheet if necessary).

From (Mo/Yr)	To (Mo/Yr)	Employer	City/State	Full/Part-time

- How did you hear about us first?** (mark **only** one)
- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Friend or Family   | <input type="checkbox"/> Billboard           | <input type="checkbox"/> Newspaper Ad/Article        | <input type="checkbox"/> Other Web Site        |
| <input type="checkbox"/> High School Visit  | <input type="checkbox"/> Magazine Ad/Article | _____  | _____  |
| <input type="checkbox"/> UWG Student        | Magazine _____                               | <input type="checkbox"/> Television/Movie Commercial | <input type="checkbox"/> High School Counselor |
| <input type="checkbox"/> PROBE College Fair | <input type="checkbox"/> Radio _____         | <input type="checkbox"/> UWG Web Site                | <input type="checkbox"/> Workplace             |
| <input type="checkbox"/> Facebook           | <input type="checkbox"/> Zinch               | <input type="checkbox"/> Other _____                 |  |

- Which of these interest you at UWG?** (choose **two**)
- |   |  |  |  |   |
|---|--|--|--|---|
| <input type="checkbox"/> Academic Tutoring        | <input type="checkbox"/> Honors Program                      | <input type="checkbox"/> International Club        | <input type="checkbox"/> Newspaper                   | <input type="checkbox"/> Social Sororities and Fraternities |
| <input type="checkbox"/> Band                     | <input type="checkbox"/> Intercollegiate Sports (Circle One) | <input type="checkbox"/> Internship/Co-Op Prog     | <input type="checkbox"/> Student Activities Council  | <input type="checkbox"/> Student Government                 |
| <input type="checkbox"/> Chorus                   | Baseball Basketball  | <input type="checkbox"/> Intramurals               | <input type="checkbox"/> Multicultural Organizations | <input type="checkbox"/> Study Abroad                       |
| <input type="checkbox"/> Campus Community Service | Cross Country Football                                       | <input type="checkbox"/> Leadership Programs       | <input type="checkbox"/> Radio/TV                    | <input type="checkbox"/> Theatre                            |
| <input type="checkbox"/> Debate                   | Golf Soccer Softball Tennis                                  | <input type="checkbox"/> Literary Journal/Magazine | <input type="checkbox"/> Religious Organizations     |   |
|   | Volleyball Cheerleading                                      |  |  |   |

## SIGNATURE

I certify that the above statements are true and complete and understand that any omission or misrepresentation will invalidate any further consideration or subsequent admission. If accepted, I agree to abide by the regulations of the University of West Georgia.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

*The Advanced Academy of Georgia*  
*at the*  
*University of West Georgia*  
*www.advancedcademy.org*

**ADMISSIONS QUESTIONNAIRE**

**Page 1**

Name \_\_\_\_\_  
*First Middle Last*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_  
*(Street)*  
 \_\_\_\_\_  
*(City) (State) (Zip Code)*

Student lives with: Both parents    Mother    Father    Guardian    Other    (attach explanation)

Name of parent(s) or guardian with whom student resides: \_\_\_\_\_  
 \_\_\_\_\_

Work phone numbers of parent(s) or guardian: Mother (    ) \_\_\_\_\_  
 Father (    ) \_\_\_\_\_

Name/Address/Phone number of parent(s) living apart from student:

Name	Address	Phone

**PARENTS:**

Use this space and the back of this page to write a statement supporting your child's application to The Advanced Academy of Georgia at the University of West Georgia. You may respond on a separate sheet, but please limit your response to no more than one page.

*The Advanced Academy of Georgia*  
*at the*  
*University of West Georgia*  
www.advancedacademy.org

**PARENTAL PERMISSION**

I (We) hereby authorize \_\_\_\_\_  
(Name of Student)  
to enroll in *The Advanced Academy of Georgia* at the University of West Georgia  
and to participate fully in the academic and residence hall components of the program as  
well as in all University activities except Greek social organizations (Greek honorary  
organizations are encouraged) and NCAA athletics. I understand that my son or daughter  
named here must maintain satisfactory grades and abide by the rules and regulations of  
*The Advanced Academy of Georgia* at the University of West Georgia in order to remain  
in good standing and continue with enrollment.

I (We) further understand that if our son or daughter is entering the Academy as a  
high school junior, readmission for the following year is not automatic. The following  
will be considered as he/she is evaluated after the first year in the Academy: academic  
performance; residence hall discipline record; and participation in Academy activities,  
including community service and Thursday Night Dinners.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*The Advanced Academy of Georgia*  
*at the*  
*University of West Georgia*  
www.advancedacademy.org

**HIGH SCHOOL ACKNOWLEDGMENT**

To: Anneliesa Finch, Program Specialist  
The Advanced Academy of Georgia  
Honors House  
University of West Georgia  
Carrollton, GA 30118

From: \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
*High School Phone-Counselor's office*  
\_\_\_\_\_  
*School Address*  
\_\_\_\_\_

Re: \_\_\_\_\_ -\_\_\_\_-\_\_\_\_  
*Student's Name Social Security Number*

Date: \_\_\_\_\_

The student named above wishes to be a candidate for admission to *The Advanced Academy of Georgia* at the University of West Georgia. The student's acceptance into *The Advanced Academy of Georgia* will be based on a combination of factors, including standardized test scores, high school record, intellectual curiosity, leadership potential, record of community service, and potential to benefit from the collegiate environment offered by *The Advanced Academy of Georgia*.

\_\_\_\_\_

This student is on track for completion of CPC requirements, and we acknowledge his/her intent to enroll in the *Advanced Academy of Georgia* beginning \_\_\_\_\_ Semester, 20\_\_\_\_. We understand that Academy personnel will work closely with us to ensure that the student meets high school graduation requirements.

What is this student's Student Georgia Testing Identification number (GTID)?  
\_\_\_\_\_

Has this student been the object of any disciplinary action(s)? Yes\_\_\_\_ No\_\_\_\_  
If yes, please explain on a separate sheet.

\_\_\_\_\_  
Signature of High School Counselor or High School Principal

**Only students meeting these minimum criteria will be considered for admission to *The Advanced Academy of Georgia*: GPA of 3.5 on academic units (computed using Advanced Academy and University System of Georgia guidelines), Composite SAT 1150 (ACT 25), SAT critical reading 580 (ACT English 25), and SAT Math 530 (ACT22).**

*The Advanced Academy of Georgia*  
*at the*  
*University of West Georgia*  
www.advancedacademy.org

**Transcript Request Form**

To be completed by the Applicant:

Full Name: \_\_\_\_\_  
*first middle last*

Mailing Address: \_\_\_\_\_  
*number/street*  
\_\_\_\_\_  
*city state zip code*

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      High School/College: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Number of Copies of Transcript Requested: 2

I authorize release of the official transcript of my academic records at the high school/college mentioned above for submission to *The Advanced Academy of Georgia* at the University of West Georgia.

\_\_\_\_\_  
*Signature of applicant*

\_\_\_\_\_  
*date signed*

**TO THE REGISTRAR:** This person is applying for admission to *The Advanced Academy of Georgia* at the University of West Georgia. We utilize a self-managed application process in which the applicant submits all transcripts, the application, and other documents (except test scores if not posted on official transcript) to us in a complete packet.

Please enclose this form with the applicant's official transcript in the envelope provided and either place your high school/college seal or your signature on the back flap of the envelope. Please give or mail the transcript to the applicant, who will submit it to us, unopened, in the application packet. Thank you in advance.

Anneliesa Finch, Program Specialist  
The Advanced Academy of Georgia  
Honors House  
University of West Georgia  
Carrollton, GA 30118-5130  
(678) 839-6249







