

DUAL ENROLLMENT CHANGE OF APPLICATION FORM

The completed form may be emailed to <u>dualdocs@laniertech.edu</u> or brought to the Student Affairs office at any Lanier Technical College campus location.

This form is to be completed if a student is currently enrolled or has a current application and would like to change their program of study <u>or</u> request for their application to be processed for a different semester after the desired semester's application is no longer accessible. Students should consult with their high school counselor, home study official, or Dual Enrollment office before making any changes.

Name:	LTC Student ID#:			
High School:			_ Grade Le	evel:
Date of Birth:	Telephone #:			
Email Address:				
I request for my application to be proc	cessed for the	semester a	ınd would	like my program of
study to be the		Degree	Diploma	Certificate
Please select the campus below you are int have indicated, it will be processed for the campus Dawson Campus	campus where it is offered. Please che ampus Forsyth Campus ent has verified the form is computer Technical College. In addition to the program requirements (i.e. sed for additional documentation of the having been processed is not a great set.	Hall Campus _ lete in its entire o the form, the start, ACT, PSAT, Ar retesting as aduarantee of accertains.	Jacks ty and acceptudent materials Accuplacer is	on Campus curately reflects the y need to provide a scores). A change to equirements vary by
(Signature)		Date)		
	LTC OFFICE USE ONLY			
Previously Accepted?	Meet Requirements? Appl		gistration:	
	Advisor: Emailed:			
Notes:				

If you need this document in an accessible format, contact adacoordinator@laniertech.edu or (770) 533-7003.

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Equal Opportunity Institution