



Office of Undergraduate Admissions

University of West Georgia Carrollton, Georgia 30118

Phone: 678-839-5600 / Fax: 678-839-4747 <u>transferwest@westga.edu</u>

WEST IN THIRTY

Participation Agreement and Release of Information

| | UWG Student ID: |
|--------------|--|
| l, | , understand that I have not been offered admission at this time to the |
| Univer | sity of West Georgia; however, I understand West in Thirty offers me the opportunity to become a fully admitted |
| Univer | sity of West Georgia student after successful completion of the following at Atlanta Metropolitan State College: |
| 1. | Any required Learning Support courses |
| 2. | PLUS 30 transferable college level credit hours, including ENGL 1101 and MATH 1100 or higher |
| 3. | Maintaining a 2.0 cumulative transfer GPA |
| I wish t | to begin at Atlanta Metropolitan State College for the following semester (please circle one): SUMMER FALL SPRING 20 |
| | (Agreement <u>DEADLINES</u> : Summer – April 1 / Fall – June 1 / Spring – November 1) |
| I furthe | er understand that: |
| • | By signing and dating below, I release my UWG Admissions file (this does NOT include Financial Aid) to Atlanta Metropolitan State College, give UWG permission to request my transcripts from Atlanta Metropolitan State College upon transferring back to UWG. Atlanta Metropolitan State College will determine my admissions decision, as it pertains to their institution, and notify me of my status or if additional testing and/or Lawful Presence is needed to determine my admission status. I do <u>not</u> need to submit an additional application fee to Atlanta Metropolitan State College. I need to add Atlanta Metropolitan State's School Code (Code: 012165) to my FAFSA at fafsa.ed.gov. My agreement is considered null & void, if*: O I do not enroll at the selected school for 3 consecutive Fall or Spring terms at any point O I enroll at a school not affiliated with West in Thirty |
| _ | eement is void per these two aforementioned conditions, students are still eligible to transfer, but not awarded est in Thirty program benefits. |
| ——— (Name | (Date of Birth XX/XX/XXXX) |
| (Signat | cure) (Today's Date XX/XX/XXXX) |
| | |

