



A Unit of the Technical College System of Georgia - Equal Opportunity Institution

MEDICAL ADMINISTRATIVE ASSISTANT APPLICATION

Fall Semester 2014

North Metro Campus

SUBMISSION DEADLINE – Thursday, May 1, 2014

Submit the completed application to the

Health Sciences Office, North Metro Campus, 5198 Ross Road, Acworth, GA 30102 – 770-975-4102

(PLEASE PRINT CLEARLY) Applicant’s Name (As it appears in BANNER):

(First name) _____ (Last name) _____

Applicant’s **CTC Student ID ONLY:** _____

Applicant’s **Mailing** Address: _____

Change of program status letters will be mailed to this mailing address. Please update, if needed.

City: _____ State: _____ Zip: _____

Applicant’s **MAIN** Phone Number: (_____) _____ - _____

Applicant’s **CTC Student** Email Address: _____@students.chattahoocheetech.edu

ANY EMAIL COMMUNICATION WILL BE SENT TO YOUR CTC STUDENT EMAIL ONLY.

Signature _____ Date _____

The Chattahoochee Technical College does not discriminate on the basis of race, color, national origin, gender, age or disability. The following person(s) has been designated to handle inquiries regarding the non-discrimination policies: Chattahoochee Technical College Title IX Coordinator, Cheri Mattox-Carroll, 5198 Ross Road, Room 132N, Acworth, GA 30102, (770) 975-4152, or (770) 528-5805, cheri.mattox-carroll@chattahoocheetech.edu or Chattahoochee Technical College Section 504 Coordinator, Mary Frances Bernard, 980 South Cobb Drive, Building G1106, Marietta, GA 30060, (770) 528-4529, or maryfrances.bernard@chattahoocheetech.edu.

(Do not write below this line)

COMPLETE ALL COURSES WITH A GRADE of ‘C’ OR BETTER:

Course	First Attempt	Second Attempt
ALHS 1011		
ALHS 1090		
ALHS 1040		
ENGL 1010		
COMP 1000		
PSYC 1010		
MATH 1012		
BUSN 1440		

Date grades checked: _____

Date COP to registrar’s office: _____

Date email sent to student: _____

Denied Approved

Assoc. Dean: _____ Date: _____

Notes: _____
