



Augusta Technical College Request for Progression Form

**OFFICE USE ONLY:
DATE RECEIVED**

Complete this form and submit by the deadline for transcripts/course completion on p. 15 of the Catalog. Do not submit this form if you are currently taking Learning Support courses. This form is required in order to be reviewed for competitive progression ranking.

Name _____
Last First Middle

Address _____
Street Number and Name

City State Zip Code

Student ID# **900** Contact Email Address _____

Telephone Numbers _____
Home Cell/Mobile

Program of Study (Choose One):

- Associate Degree Nursing
- Radiologic Technology
- Cardiovascular Technology
- Respiratory Care
- Occupational Therapy Assistant
- Surgical Technology
- Practical Nursing

If your desired program is Practical Nursing, please select the campus for progression:

- Augusta
- Waynesboro Burke
- Thomson

My signature acknowledges that all information provided on this form is correct.

Student's Signature Date

This form must be submitted on the established deadline (refer to College Catalog, page 15) by the close of business to the Admission Department (Building 1300) or Student Services on the Branch Campuses.

Augusta Technical College does not discriminate on the basis of race, color, national origin, gender or disability.

For Administrative Use Only

- Candidate was evaluated for progression _____ Semester.
- Candidate was not eligible for progression.

The candidate was not eligible for a progression evaluation because he or she:

- Did not have the minimum grade point average for prerequisite courses;
- Did not apply for progression by the established deadline;
- Did not complete all of the required prerequisite courses;
- Did not achieve the minimum percentile score (70%) on the PAX-RN exam;
- Had to repeat more than one course to achieve a grade of a "C" or higher; and/or
- Had to repeat more than one science course to achieve a grade of a "C" or higher.

College Official's Signature Date