

*Atlanta University Center Consortium, Inc.
Dual Degree Engineering Program
P.O. Box 92527- Atlanta, Georgia 30314
Telephone # (404) 659-3846 ~ FAX # (404) 614-0606*

Last: _____ **First:** _____ **MI:** _____

Local Address:

City: _____ State: _____ Zip: _____

Phone # _____ Cell # _____ Email Address: _____

Date of Birth: _____
(MM/DD/YYYY)

Clark Atlanta University 900#

Morehouse College M#

Morris Brown College #

Spelman College 900#

Foreign ID Number (International Students):

AUC Classification:

AUC Major: _____ Engineering Major: _____

AUC Institution:

Engineering Classification:

Expected Graduation Date:

Current Engineering Institution:

I, _____ hereby give the Atlanta University Center Consortium, Inc. (AUCC) Dual Degree Engineering Program (DDEP) permission to obtain my college transcript(s).

Signature _____ Date _____

I hereby authorize release of my unofficial transcript to the following:

Parent (s)

Advisor (s) _____ (required for students at the engineering schools)

Corporate Representative _____ (required for scholarships, internships, and permanent hire)

Scholarship Supporter _____ (required for scholarships, internships, and permanent hire)

Signature _____ Date _____