



Counselor Quick Reference Form

Institution _____

Address _____

Director of Admissions _____ Phone _____

E-mail Address _____ Web Address _____

Fee Waiver? _____ If so, under what conditions? _____

Calendar: _____ Semester _____ Quarter Application Deadline _____

Type of Institution (2 year, 4 year, public/private, etc.) _____ Undergraduate Enrollment _____

ADMISSIONS

STUDENT SERVICES

Financial Aid: Phone _____ E-mail _____ Fall Deadline _____

Other Comments _____

Services for students with disabilities: Phone _____ E-mail _____

Orientation for new students: Phone _____ E-mail _____

International student advisor: Phone _____ E-mail _____

SCHOLARSHIPS

STUDENT LIFE / SPORTS / CAMPUS LIFE

OTHER COMMENTS

Submit completed form to:
Georgia Education Articulation Committee, Inc.
4784 Rosebrook Court
Smyrna, Georgia 30080
FAX: 404.355.1523
gaprobe@mindspring.com