

## ATS APPLICATION FORM

**NOTE: DEGREE MUST BE APPLIED FOR PRIOR TO ATTAINING 60 CREDIT HOURS.**

Name \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Education:

Certificates or licenses:

Employment experience:

Education objective:

Areas of Concentration (Two Required):

Please write a statement justifying acceptance into an ATS program and why you feel the ATS degree is more appropriate for you.

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Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Dean's Signature Date

\_\_\_\_\_  
Academic Vice-President's Signature Date



**SOUTHERN STATE COMMUNITY COLLEGE  
ASSOCIATE OF TECHNICAL STUDIES  
Program Summary**

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Areas of Concentration (Two Required)

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Non-Tech: 30 credits required

\_\_\_\_\_  
Technical: 30 credits required

Course #	Course Title	Credit Hours	Course #	Course Title	Credit Hours
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\_\_\_\_\_  
Registrar reviewed & approved                      Date

\_\_\_\_\_  
Dean's Signature    Date

<p><b>Credits Remaining:</b>          Technical          Non-Technical          Other</p> <p>Total needed: ____</p>
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**Need a total of 60 credits  
to graduate.**