

THE ATLANTA CENTER FOR CREATIVE INQUIRY

STUDENT INTEREST FORM

The Place Where Imagination Comes Alive

CONTACT INFORMATION:

First Name:

MI:

Last Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

GPA or scale of 100:

Year:

☐

Freshman

☐

Sophomore

☐

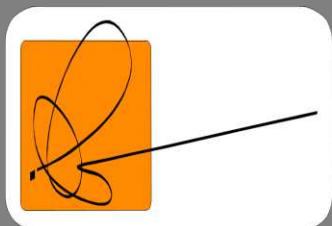
Junior

☐

Senior

What type of career do you want to pursue?

(For more information or for a full application email our ACCI Education Director at info@cci-atl.org)



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