PART-TIME ENROLLMENT FORM

Please complete this form in order to be financially enrolled for the selected semester as a part time student.

Student’s Name: ___________________________________________________________

Last name    First Name

ID#: 900_________     Semester: ___________

Number of Registered Hours: ______

Check One:

☐ I am a Part-time Undergraduate student registered for eleven (11) credit hours or less.
☐ I am a Part-time Graduate student registered for five (5) credit hours or less.

Once you are locked in at the specified number of hours as indicated above, you will NOT be able to add additional hours for that semester.

Student’s Signature: ____________________________ Date: ______________

Mailing Address:
Office of Student Accounts
223 James P. Brawley Drive
Atlanta, GA 30314

Fax Number 404-880-6317