

Office of Student Accounts
223 James P. Brawley Dr. S.W.
Haven-Warren Bldg. 204
Atlanta, GA 30314



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