

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 Partime Undergraduate student registered for eleven (11) credit hours or less.

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