

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



## **PART-TIME ENROLLMENT FORM**

Student's Name (Last name, First Name) \_\_\_\_\_

900- \_\_\_\_\_

Semester \_\_\_\_\_

Number of Registered Hours \_\_\_\_\_

Part -time **undergraduate** students are registered for less than twelve (12) credit hours. Please complete this form so that you can be financially enrolled for the selected semester as a part time student.

Part-time **graduate** students are registered for less than six (6) credit hours. Please complete this form so that you can be financially enrolled for the selected semester as a part time student.

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.

Students Signature \_\_\_\_\_

Date \_\_\_\_\_

Mailing Address:  
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