



ATLANTA CAMPUS REGISTRATION FORM

(678) 547 - 6000

3001 MERCER UNIVERSITY DRIVE * ATLANTA, GA 30341-4155

TERM: _____ *FALL* _____ *SPRING* _____ *SUMMER* **YEAR:** _____

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MIDDLE INITIAL</u>	<u>STUDENT ID NUMBER</u>
<u>STREET ADDRESS</u>			<u>CITY</u> <u>STATE</u> <u>ZIP</u>
<u>HOME PHONE</u>	<u>WORK PHONE</u>		<u>E-MAIL ADDRESS</u>
<u>DEGREE</u>			<u>ANTICIPATED GRADUATION DATE</u>

REGISTRATION INFORMATION

Session I, II, or III	Course/Section (ex: BA 609.A11)	Credit Hours	S/U Option or AUDIT	Repeat Course ?	Department Special Approval

ALTERNATE COURSES

Student: (sign)	(date)
Advisor: (sign)	(date)