



Continuing Education Enrollment Application

Last Name _____ First Name _____ Middle Initial _____

Social Security # _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Day time (_____) _____ Evening (_____) _____

E-mail Address _____

Student's Signature _____ Date of Birth _____ Today's Date _____

County of Residency _____ Citizenship _____

Are you a non-residential immigrant? _____

PLEASE FILL IN HERE THE NAME OF THE COURSE YOU ARE REGISTERING FOR:

(Course Name)

Quarter (Please check one): Fall Winter Spring Summer

Race: American Indian Asian Black Hispanic White

Gender: Male Female

CONTINUING EDUCATION DEPARTMENT
ATLANTA TECHNICAL COLLEGE
1560 Metropolitan Parkway, SW
Atlanta, GA 30310
(404) 225-4487
Fax (404) 225-4631
www.atlantatech.edu/economic_development
OFFICE USE ONLY

Banner Number Class Start Date

Class Start Time Class Location

PAYMENT
Amount Paid _____ Cash Check

ADMINISTRATOR _____

Equal Opportunity Institution

Refund Policy:

Each course is carefully monitored to ensure sufficient enrollment. Students will be notified at least 48 hours prior to the start of class. Should low enrollment cause a class to be cancelled students will be given the following options:

- Transfer to another class
- Put registration money in ESCROW for up to six months to be applied to a future class
- Receive a full refund

In the event you need to cancel your registration, you must submit a refund request form (to download this form, please visit our website at www.atlantatech.edu) to our office no later than 3 days prior to the start of your class in order to receive a refund. All refund requests are subject to a \$15 processing fee. Please allow up to four (4) weeks for refunds to be processed. Check refunds are subject to a ten day business hold from the date of the check to ensure the funds have cleared our bank. Failures to attend the course DOES NOT constitute formal withdrawal.