Individuals who participate in an authorized University-sponsored program for an extended but defined period of time, generally one month to one semester, for a specific academic or administrative purpose may be eligible for a Sponsored Program Participant ID card. Participants are typically high school or undergraduate students in grant sponsored programs, fellowships, or internships who will be physically on campus, are not enrolled at the University of Georgia, and are not part of the University of Georgia master payroll/personnel data base. (Excluded from this category are summer camps and conference participants). Individuals in this category are not automatically eligible for University services. Contact the specific service provider if there are any questions concerning the use of this card. Some University services require a participation fee.

Name of UGA-Sponsored Program:

Briefly explain the purpose or nature of this program:

Are any participants under the age of 18? ________________

Dates Participants Will Be On Campus:  Beginning Date:   Ending Date:

Number of participants on this Request:  (Maximum 12 per Request Form)
2. Full LEGAL Name of Participant:
   Last Name: FIRST NAME MIDDLE NAME
   Date of Birth: Gender: Existing UGAID# If Known:

3. Full LEGAL Name of Participant:
   Last Name: FIRST NAME MIDDLE NAME
   Date of Birth: Gender: Existing UGAID# If Known:

4. Full LEGAL Name of Participant:
   Last Name: FIRST NAME MIDDLE NAME
   Date of Birth: Gender: Existing UGAID# If Known:

5. Full LEGAL Name of Participant:
   Last Name: FIRST NAME MIDDLE NAME
   Date of Birth: Gender: Existing UGAID# If Known:

6. Full LEGAL Name of Participant:
   Last Name: FIRST NAME MIDDLE NAME
   Date of Birth: Gender: Existing UGAID# If Known:

7. Full LEGAL Name of Participant:
   Last Name: FIRST NAME MIDDLE NAME
   Date of Birth: Gender: Existing UGAID# If Known:

8. Full LEGAL Name of Participant:
   Last Name: FIRST NAME MIDDLE NAME
   Date of Birth: Gender: Existing UGAID# If Known:

9. Full LEGAL Name of Participant:
   Last Name: FIRST NAME MIDDLE NAME
   Date of Birth: Gender: Existing UGAID# If Known:

10. Full LEGAL Name of Participant:
    Last Name: FIRST NAME MIDDLE NAME
    Date of Birth: Gender: Existing UGAID# If Known:

11. Full LEGAL Name of Participant:
    Last Name: FIRST NAME MIDDLE NAME
    Date of Birth: Gender: Existing UGAID# If Known:

12. Full LEGAL Name of Participant:
    Last Name: FIRST NAME MIDDLE NAME
    Date of Birth: Gender: Existing UGAID# If Known: