



REQUEST FOR PROGRAM PARTICIPANT ID CARD

RETURN TO: **UGACard Office**
320 Tate Student Center

Date: _____

FROM: _____

Dept. Telephone: _____

E-mail: _____

Sponsoring Department: _____

Department Address: _____

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 will be considered for a Sponsored Program Participant ID card. Included in this category are individuals participating in grant sponsored programs, fellowships, and internships who have an extended presence 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 the UGA Sponsored Program: _____

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

Number of participants in this program: _____ Are any participants under the age of 18? _____

Briefly explain the purpose or nature of this program:

Method of Payment: _____ The Individual(s) will pay for the ID card
Each card is \$15.00 _____ Charge UGA Account Acct Name: _____

Acct Number: _____

UGACard DATABASE INFORMATION (Attach a separate list for more than one participant)

Full Name of Participant: _____
Last First MI

Date of Birth: _____ Gender: _____ Soc Sec. No: _____

MUST HAVE ONE OF THE FOLLOWING APPROVALS

Department Head Approval: _____ Date: _____

Dean or Vice President Approval: _____ Date: _____

>>>Submit this request at least **5 days** prior to the participant having the ID card made<<<
Coordinate group photo sessions with the UGACard Office in advance

UGACard Office Use Only

(Rev 4/09)

Reviewed and Approved by: _____

Date: _____

Photo Date: _____

Entered in Database by: _____

Date: _____

Billing Date: _____