

SOUTHERN WESLEYAN UNIVERSITY

MED ELECTIVE REGISTRATION

NAME: _____ DATE: _____

Social Security #: _____ OR Student ID# _____ Cohort # _____
(One # required)

Delivery Address: _____
(PO Box # is not acceptable for UPS delivery.)

City: _____ State: _____ Zip: _____ Phone: _____ (H) _____ (W)

Have you taken courses through SWU before? Yes _____ No _____ If not, please provide a copy of your current teaching certificate.

COURSE INFORMATION

Course Prefix & Number: _____

Course Name: _____

Circle Location: CE CH CO GR NA

Start Date: _____ End Date: _____

ACADEMIC RECORDS USE ONLY

Registration Approved? _____ Y _____ N

Signed: _____

Dated: _____

PAYMENT PLAN

**(Tuition \$825 + Materials \$150 {non-refundable} = \$975.00
per course)**

Amount: \$ _____

- _____ 1. Credit Card – You must call a student account rep to make your payment.
- _____ 2. Check # _____ enclosed.
- _____ 3. Financial Aid - I have EXCESS Financial Aid on my account to cover this course.

ACCOUNTING USE ONLY

Date Received: _____

Amt Received: \$ _____

Tuition Pd: _____ Fees Pd: _____

ACCT Approval: _____ Date _____

Your registration form and payment in full must be received no later than four (4) weeks prior to the first day of the class for which you are registering. Financial Aid does not pay for these courses unless you have excess money already on your account. Please contact student accounts at 1-800-289-1292 (Rhonda Clark ext. 5548 or Brittany Mann ext. 5525) to find out if you have funds available. Late registrations may be subject to a \$50 late fee. Remember, registrations cannot be processed until we receive your form and payment in full. Seating is limited.

I verify all above information is correct and I agree to pay all charges for this registration. I understand that the \$150 materials fee for this course is non-refundable. I also understand that I must officially withdraw from this course before it starts if I decide not to attend. If not, I may receive a failing grade of 0.0 and be charged the full course fee.

Send to: MED Elective Registration
Office of Academic Records
PO Box 1020, SWU Box 1905
Central, SC 29630
FAX: 864-644-5971

Signature (required)

Date